

INDIANAPOLIS CITY-COUNTY COUNCIL ETHICS DISCLOSURE STATEMENT

Sec. 151-1123 of the Revised Code of the Consolidated City and County requires all Councillors and any declared candidate for City-County Council to file this statement. For the year 2009, the statement is due July 1, 2009. Thereafter, the statement is due February 1 or within 30 days of taking office. Candidates are required to file before or at the same time as filing a candidate's declaration or petition.

Failure to file this form in a timely manner may subject the Councillor or candidate to sanctions by the Ethics Committee of the City-County Council.

ALL QUESTIONS MUST BE ANSWERED COMPLETELY AND LEGIBLY

1. a. Your Name: PAUL C. BATEMAN JR

b. Your Residence: 4425 BARNOR DR
INDY IN

c. Your Business Address:

2. a. Did You Receive Compensation From Any Employers in the Prior Year?
YES ☐ NO ☒

If Yes, the Name and Address of all Such Employers

Employer's Name: _____

Employer's Address: _____

[IF YOU HAD MORE THAN ONE EMPLOYER, USE ADDITIONAL SHEETS]

b. Were You Self-Employed?
YES ☐ NO ☒

If Yes, the Nature of Such Business and the Name Under Which Conducted:

Nature of the Business: _____

Name under Which Such Business was Conducted: _____

3. a. During the Prior Calendar Year, Did Your Spouse Receive Compensation in excess of \$5000.00 from an Employer?
YES ___ NO ☒

If Yes, the Name and Address of Such Employer

Employer's Name: _____

Employer's Address: _____

[IF YOUR SPOUSE WAS PAID \$5000.00 BY ADDITIONAL EMPLOYERS USE ADDITIONAL SHEETS]

- b. During the Prior Calendar Year, Did Any of Your Dependant Children Receive Compensation in Excess of \$5000.00 from an Employer?
YES ___ NO ☒

If Yes, the Name and Address of Such Employer

Name of Dependant Child _____

Employer's Name _____

Employer's Address _____

[IF YOUR DEPENDANT CHILDREN HAD OTHER EMPLOYERS WHO PAID THEM OVER \$5000.00 USE ADDITIONAL SHEETS]

4. Did You, Your Spouse or any of Your Dependant Children Either
(i) Serve as an Officer of,
(ii) Own an Equity Interest or Interest in the Earnings or Profits that Individually or in the Aggregate Exceeds 10%, in, or
(iii) Directly or Indirectly Receive Compensation, in Aggregate in Excess of \$5000.00
During the Past Year, from
Any Business that did Business with or Solicited Business with the City or County?

YES ___ NO ☒

If Yes, the Name and Addresses of Such Business Entities

Entity's Name:

Entity's Address:

[IF YOU, YOUR SPOUSE OR DEPENDANT CHILDREN HAD OTHER ENTITIES THAT MUST BE DISCLOSED ATTACH ADDITIONAL SHEETS]

5. Did You, Your Spouse, or any Dependant Child Serve as an Officer or Board Member of any Organization that Received or Applied for Funding from the City or County?

YES ___ NO ☒

If Yes, The Name and Address of such Organization or Organizations:

Person Serving: Councillor: ___ Spouse ___ Dependant Child _____

Name of Organization:

Address of Organization:

[IF YOU, YOUR SPOUSE OR DEPENDANT CHILDREN HAD POSITIONS IN OTHER ORGANIZATIONS THAT MUST BE DISCLOSED ATTACH ADDITIONAL SHEETS]

6. *Except for Campaign Donations, Subject to IC 3-9-2 and Reported in Accordance with Law or Gifts from Persons Including Family Members with whom you have an On-Going Social Relationship not Related to Service on the Council Which are not Subject to Reporting on this form, did you Receive any Gifts, or Other Items, Valued Over \$100, or in the Aggregate over \$250, in the Prior Year From Any Person or Firm that does Business with or Seeks to do Business with the City or County or which Seeks to Influence Council Action?*
YES ☒ NO ☐

If Yes, List the Names of Such Persons or Firms:

Colts Tickets From Hunt Construction Value At
~~\$500~~ 125⁰⁰

7. I ACKNOWLEDGE THAT IF ANY ITEMS REPORTED IN ITEMS 1 THROUGH 4 ABOVE CHANGE DURING THE YEAR I WILL UPDATE SUCH INFORMATION WITHIN 45 DAYS OF THE CHANGE.

If the Space Provided on this Form is Inadequate, Additional Sheets may be used to Provide the Additional Information. Are You Attaching Additional Sheets?

YES ☐ NO ☒

If Yes, How May Additional Sheets be Attached? _____

I AFFIRM UNDER PENALTIES FOR PERJURY THAT MY STATEMENTS ARE TRUE AND ACCURATE TO THE BEST OF MY KNOWLEDGE.

Paul C. Bateman Jr
COUNCILLOR

Feb-1-10
DATE

SIGN, DATE AND RETURN TO: CLERK OF THE COUNCIL, 241 CITY-COUNTY BUILDING, INDIANAPOLIS, INDIANA, 46204.

**INDIANAPOLIS CITY-COUNTY COUNCIL
ETHICS DISCLOSURE STATEMENT**

ADDITIONAL SHEET ____ OF ____.

ADDITIONAL RESPONSE TO QUESTION _____

APPLICABLE TO: COUNCILLOR ____ CANDIDATE ____ SPOUSE ____
DEPENDANT CHILD _____

PERSON, ENTITY OR ORGANIZATION _____

ADDRESS: _____

ADDITIONAL RESPONSE TO QUESTION _____

APPLICABLE TO: COUNCILLOR ____ CANDIDATE ____ SPOUSE ____
DEPENDANT CHILD _____

PERSON, ENTITY OR ORGANIZATION _____

ADDRESS: _____

ADDITIONAL RESPONSE TO QUESTION _____

APPLICABLE TO: COUNCILLOR ____ CANDIDATE ____ SPOUSE ____
DEPENDANT CHILD _____

PERSON, ENTITY OR ORGANIZATION _____

ADDRESS: _____

[IF MORE SHEETS ARE NEEDED, DUPLICATE THIS PAGE]

**INDIANAPOLIS CITY-COUNTY COUNCIL
ETHICS DISCLOSURE STATEMENT**

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Failure to file this form in a timely manner may subject the councillor or candidate to sanctions by the Ethics Committee of the City-County Council.

ALL QUESTIONS MUST BE ANSWERED COMPLETELY AND LEGIBLY

1. a. YOUR NAME Vernon A. Brown
b. YOUR RESIDENCE 11817 Brocken Way Indpls IN. 46229
c. YOUR BUSINESS ADDRESS _____

2. a. DID YOU RECEIVE COMPENSATION FROM ANY EMPLOYERS IN THE
PRIOR YEAR? YES ☒ NO ☐

IF YES, THE NAME AND ADDRESS OF ALL SUCH EMPLOYERS

EMPLOYER'S NAME IFD
EMPLOYER'S ADDRESS 555 N New Jersey ST
Indpls IN 46204

[IF YOU HAD MORE THAN ONE EMPLOYER, USE ADDITIONAL SHEETS]

b. WERE YOU SELF-EMPLOYED? YES ___ NO ☒

IF YES, THE NATURE OF SUCH BUSINESS AND THE NAME UNDER WHICH CONDUCTED:

NATURE OF THE BUSINESS _____

NAME UNDER WHICH SUCH BUSINESS WAS CONDUCTED _____

3. a. DURING THE PRIOR CALENDAR YEAR, DID YOUR SPOUSE RECEIVE COMPENSATION IN EXCESS OF \$5000.00 FROM AN EMPLOYER?
YES ☒ NO ___

IF YES, THE NAME AND ADDRESS OF SUCH EMPLOYER

EMPLOYER'S NAME I P S

EMPLOYER'S ADDRESS _____

[IF YOUR SPOUSE WAS PAID \$5000.00 BY ADDITIONAL EMPLOYERS USE ADDITIONAL SHEETS]

b. DURING THE PRIOR CALENDAR YEAR, DID ANY OF YOUR DEPENDANT CHILDREN RECEIVE COMPENSATION IN EXCESS OF \$5000.00 FROM AN EMPLOYER? YES ___ NO ☒

IF YES, THE NAME AND ADDRESS OF SUCH EMPLOYER

NAME OF DEPENDANT CHILD _____

EMPLOYER'S NAME _____

EMPLOYER'S ADDRESS _____

[IF YOUR DEPENDANT CHILDREN HAD OTHER EMPLOYERS WHO PAID THEM OVER \$5000.00 USE ADDITIONAL SHEETS]

4. DID YOU, YOUR SPOUSE OR ANY OF YOUR DEPENDANT CHILDREN EITHER
(1) SERVE AS AN OFFICER OF,
(2) OWN AN EQUITY INTEREST OR INTEREST IN THE EARNINGS OR PROFITS
THAT INDIVIDUALLY OR IN THE AGGREGATE EXCEEDS 10%, IN, OR
(3) DIRECTLY OR INDIRECTLY RECEIVE COMPENSATION, IN AGGREGATE IN
EXCESS OF \$5000.00 DURING THE PAST YEAR, FROM

IN ANY BUSINESS YEAR THAT DID BUSINESS WITH OR SOLICITED BUSINESS
WITH THE CITY OR COUNTY? YES ___ NO X

IF YES, THE NAME AND ADDRESSES OF SUCH BUSINESS ENTITIES

ENTITY'S NAME Not To My Knowledge

ENTITY'S ADDRESS _____

*[IF YOU, YOUR SPOUSE OR DEPENDANT CHILDREN HAD OTHER ENTITIES THAT
MUST BE DISCLOSED ATTACH ADDITIONAL SHEETS]*

5. DID YOU, YOUR SPOUSE, OR ANY DEPENDANT CHILD SERVE AS AN OFFICER
OR BOARD MEMBER OF ANY ORGANIZATION THAT RECEIVED OR APPLIED
FOR FUNDING FROM THE CITY OR COUNTY? YES ___ NO X

IF YES, THE NAME AND ADDRESS OF SUCH ORGANIZATION OR
ORGANIZATIONS:

PERSON SERVING:

COUNCILLOR ___ SPOUSE ___ DEPENDANT CHILD _____

NAME OF ORGANIZATION Not To My Knowledge

ADDRESS OF ORGANIZATION _____

*IF YOU, YOUR SPOUSE OR DEPENDANT CHILDREN HAD POSITIONS IN OTHER
ORGANIZATIONS THAT MUST BE DISCLOSED ATTACH ADDITIONAL SHEETS]*

6. EXCEPT FOR CAMPAIGN DONATIONS , SUBJECT TO IC 3-9-2 AND REPORTED IN ACCORDANCE WITH LAW OR GIFTS FROM PERSONS INCLUDING FAMILY MEMBERS WITH WHOM YOU HAVE AN ON-GOING SOCIAL RELATIONSHIP NOT RELATED TO SERVICE ON THE COUNCIL WHICH ARE NOT SUBJECT TO REPORTING ON THIS FORM, DID YOU RECEIVE ANY GIFTS, OR OTHER ITEMS, VALUED OVER \$100, OR IN THE AGGREGATE OVER \$250, IN THE PRIOR YEAR FROM ANY PERSON OR FIRM THAT DOES BUSINESS WITH OR SEEKS TO DO BUSINESS WITH THE CITY OR COUNTY OR WHICH SEEKS TO INFLUENCE COUNCIL ACTION? YES ___ NO X

IF YES, LIST THE NAMES OF SUCH PERSONS OR FIRMS

7. I ACKNOWLEDGE THAT IF ANY ITEMS REPORTED IN ITEMS 1 THROUGH 4 ABOVE CHANGE DURING THE YEAR I WILL UPDATE SUCH INFORMATION WITHIN 45 DAYS OF THE CHANGE.

IF THE SPACE PROVIDED ON THIS FORM IS INADEQUATE, ADDITIONAL SHEETS MAY BE USED TO PROVIDE THE ADDITIONAL INFORMATION. ARE YOU ATTACHING ADDITIONAL SHEETS? YES ___ NO X
IF YES, HOW MANY ADDITIONAL SHEETS ARE ATTACHED? _____

I AFFIRM UNDER PENALTIES FOR PERJURY THAT MY STATEMENTS ARE TRUE AND ACCURATE TO THE BEST OF MY KNOWLEDGE.

V. C. B.
COUNCILLOR

1-13-10
DATE

SIGN, DATE AND RETURN TO: CLERK OF THE COUNCIL, 241 CITY-COUNTY BUILDING, INDIANAPOLIS, INDIANA, 46204.

**INDIANAPOLIS CITY-COUNTY COUNCIL
ETHICS DISCLOSURE STATEMENT**

ADDITIONAL SHEET ____ OF ____.

ADDITIONAL RESPONSE TO QUESTION _____

APPLICABLE TO: COUNCILLOR ____ CANDIDATE ____ SPOUSE ____
DEPENDANT CHILD _____

PERSON, ENTITY OR ORGANIZATION _____

ADDRESS: _____

ADDITIONAL RESPONSE TO QUESTION _____

APPLICABLE TO: COUNCILLOR ____ CANDIDATE ____ SPOUSE ____
DEPENDANT CHILD _____

PERSON, ENTITY OR ORGANIZATION _____

ADDRESS: _____

ADDITIONAL RESPONSE TO QUESTION _____

APPLICABLE TO: COUNCILLOR ____ CANDIDATE ____ SPOUSE ____
DEPENDANT CHILD _____

PERSON, ENTITY OR ORGANIZATION _____

ADDRESS: _____

[IF MORE SHEETS ARE NEEDED, DUPLICATE THIS PAGE]

**INDIANAPOLIS CITY-COUNTY COUNCIL
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ALL QUESTIONS MUST BE ANSWERED COMPLETELY AND LEGIBLY

1. a. **YOUR NAME** Virginia J. Cain
 b. **YOUR RESIDENCE**
 9101 Anchor Mark Drive Indy 46236
 c. **YOUR BUSINESS ADDRESS**
 n/a
2. a. **DID YOU RECEIVE COMPENSATION FROM ANY EMPLOYERS IN THE
PRIOR YEAR? YES ☐ NO ☒**

IF YES, THE NAME AND ADDRESS OF ALL SUCH EMPLOYERS

EMPLOYER'S NAME _____

EMPLOYER'S ADDRESS _____

[IF YOU HAD MORE THAN ONE EMPLOYER, USE ADDITIONAL SHEETS]

b. WERE YOU SELF-EMPLOYED? YES ___ NO ___

IF YES, THE NATURE OF SUCH BUSINESS AND THE NAME UNDER WHICH CONDUCTED:

NATURE OF THE BUSINESS _____

NAME UNDER WHICH SUCH BUSINESS WAS CONDUCTED _____

3. a. DURING THE PRIOR CALENDAR YEAR, DID YOUR SPOUSE RECEIVE COMPENSATION IN EXCESS OF \$5000.00 FROM AN EMPLOYER?
YES ☒ NO ___

IF YES, THE NAME AND ADDRESS OF SUCH EMPLOYER

EMPLOYER'S NAME Teleflex Medical

EMPLOYER'S ADDRESS 2917 Wedd Drive, P.O. Box 12600
Research Triangle Park, N.C. 27709

[IF YOUR SPOUSE WAS PAID \$5000.00 BY ADDITIONAL EMPLOYERS USE ADDITIONAL SHEETS]

b. DURING THE PRIOR CALENDAR YEAR, DID ANY OF YOUR DEPENDANT CHILDREN RECEIVE COMPENSATION IN EXCESS OF \$5000.00 FROM AN EMPLOYER? YES ___ NO ☒

IF YES, THE NAME AND ADDRESS OF SUCH EMPLOYER

NAME OF DEPENDANT CHILD _____

EMPLOYER'S NAME _____

EMPLOYER'S ADDRESS _____

[IF YOUR DEPENDANT CHILDREN HAD OTHER EMPLOYERS WHO PAID THEM OVER \$5000.00 USE ADDITIONAL SHEETS]

4. DID YOU, YOUR SPOUSE OR ANY OF YOUR DEPENDANT CHILDREN EITHER
(1) SERVE AS AN OFFICER OF,
(2) OWN AN EQUITY INTEREST OR INTEREST IN THE EARNINGS OR PROFITS
THAT INDIVIDUALLY OR IN THE AGGREGATE EXCEEDS 10%, IN, OR
(3) DIRECTLY OR INDIRECTLY RECEIVE COMPENSATION, IN AGGREGATE IN
EXCESS OF \$5000.00 DURING THE PAST YEAR, FROM

IN ANY BUSINESS YEAR THAT DID BUSINESS WITH OR SOLICITED BUSINESS
WITH THE CITY OR COUNTY? YES ☒ NO ☒

IF YES, THE NAME AND ADDRESSES OF SUCH BUSINESS ENTITIES

ENTITY'S NAME (city entity) Wishard Hospital Teleflex Medical
ENTITY'S ADDRESS 2917 Weck Dr., P.O. Box 12600
Research Triangle Park, N.C.
27709

[IF YOU, YOUR SPOUSE OR DEPENDANT CHILDREN HAD OTHER ENTITIES THAT
MUST BE DISCLOSED ATTACH ADDITIONAL SHEETS]

5. DID YOU, YOUR SPOUSE, OR ANY DEPENDANT CHILD SERVE AS AN OFFICER
OR BOARD MEMBER OF ANY ORGANIZATION THAT RECEIVED OR APPLIED
FOR FUNDING FROM THE CITY OR COUNTY? YES ☒ NO ☐

IF YES, THE NAME AND ADDRESS OF SUCH ORGANIZATION OR
ORGANIZATIONS:

① Heartland : Truly Moving Pictures (317) 464-9405
200 S. Meridian St. Ste. 220
Indy 46225

PERSON SERVING:

COUNCILLOR ☒ SPOUSE ☐ DEPENDANT CHILD ☐

NAME OF ORGANIZATION ② Indianapolis Downtown, Inc.
Chase Tower 111 Monument Circle Ste. 1900
Indpls. 46204

ADDRESS OF ORGANIZATION ③ Wheeler Mission Ministries
245 North Delaware St.
Indy 46204

IF YOU, YOUR SPOUSE OR DEPENDANT CHILDREN HAD POSITIONS IN OTHER
ORGANIZATIONS THAT MUST BE DISCLOSED ATTACH ADDITIONAL SHEETS]

6. EXCEPT FOR CAMPAIGN DONATIONS, SUBJECT TO IC 3-9-2 AND REPORTED IN ACCORDANCE WITH LAW OR GIFTS FROM PERSONS INCLUDING FAMILY MEMBERS WITH WHOM YOU HAVE AN ON-GOING SOCIAL RELATIONSHIP NOT RELATED TO SERVICE ON THE COUNCIL WHICH ARE NOT SUBJECT TO REPORTING ON THIS FORM, DID YOU RECEIVE ANY GIFTS, OR OTHER ITEMS, VALUED OVER \$100, OR IN THE AGGREGATE OVER \$250, IN THE PRIOR YEAR FROM ANY PERSON OR FIRM THAT DOES BUSINESS WITH OR SEEKS TO DO BUSINESS WITH THE CITY OR COUNTY OR WHICH SEEKS TO INFLUENCE COUNCIL ACTION? YES X NO

IF YES, LIST THE NAMES OF SUCH PERSONS OR FIRMS

Indianapolis Motor Speedway
At + T
IPL

7. I ACKNOWLEDGE THAT IF ANY ITEMS REPORTED IN ITEMS 1 THROUGH 4 ABOVE CHANGE DURING THE YEAR I WILL UPDATE SUCH INFORMATION WITHIN 45 DAYS OF THE CHANGE.

IF THE SPACE PROVIDED ON THIS FORM IS INADEQUATE, ADDITIONAL SHEETS MAY BE USED TO PROVIDE THE ADDITIONAL INFORMATION. ARE YOU ATTACHING ADDITIONAL SHEETS? YES NO X

IF YES, HOW MANY ADDITIONAL SHEETS ARE ATTACHED?

I AFFIRM UNDER PENALTIES FOR PERJURY THAT MY STATEMENTS ARE TRUE AND ACCURATE TO THE BEST OF MY KNOWLEDGE.

Virginia J. Carri
COUNCILLOR

1/19/10
DATE

SIGN, DATE AND RETURN TO: CLERK OF THE COUNCIL, 241 CITY-COUNTY BUILDING, INDIANAPOLIS, INDIANA, 46204.

**INDIANAPOLIS CITY-COUNTY COUNCIL
ETHICS DISCLOSURE STATEMENT**

ADDITIONAL SHEET ____ OF ____.

ADDITIONAL RESPONSE TO QUESTION _____

APPLICABLE TO: COUNCILLOR ____ CANDIDATE ____ SPOUSE ____
DEPENDANT CHILD _____

PERSON, ENTITY OR ORGANIZATION _____

ADDRESS: _____

ADDITIONAL RESPONSE TO QUESTION _____

APPLICABLE TO: COUNCILLOR ____ CANDIDATE ____ SPOUSE ____
DEPENDANT CHILD _____

PERSON, ENTITY OR ORGANIZATION _____

ADDRESS: _____

ADDITIONAL RESPONSE TO QUESTION _____

APPLICABLE TO: COUNCILLOR ____ CANDIDATE ____ SPOUSE ____
DEPENDANT CHILD _____

PERSON, ENTITY OR ORGANIZATION _____

ADDRESS: _____

[IF MORE SHEETS ARE NEEDED, DUPLICATE THIS PAGE]

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ALL QUESTIONS MUST BE ANSWERED COMPLETELY AND LEGIBLY

1. a. **YOUR NAME** JEFFERY L. CARDWELL
- b. **YOUR RESIDENCE**
 7613 Huddleston DR.E., INDIANAPOLIS, IN 46217
- c. **YOUR BUSINESS ADDRESS**
 3205 MADISON AVENUE, INDIANAPOLIS, IN 46227
2. a. **DID YOU RECEIVE COMPENSATION FROM ANY EMPLOYERS IN THE
 PRIOR YEAR? YES ☒ NO ☐**

IF YES, THE NAME AND ADDRESS OF ALL SUCH EMPLOYERS

EMPLOYER'S NAME See Attached

EMPLOYER'S ADDRESS _____

[IF YOU HAD MORE THAN ONE EMPLOYER, USE ADDITIONAL SHEETS]

b. WERE YOU SELF-EMPLOYED? YES ☒ NO ☐

IF YES, THE NATURE OF SUCH BUSINESS AND THE NAME UNDER WHICH CONDUCTED:

NATURE OF THE BUSINESS SEE ATTACHED

NAME UNDER WHICH SUCH BUSINESS WAS CONDUCTED _____

3. a. DURING THE PRIOR CALENDAR YEAR, DID YOUR SPOUSE RECEIVE COMPENSATION IN EXCESS OF \$5000.00 FROM AN EMPLOYER?
YES ☐ NO ☒

IF YES, THE NAME AND ADDRESS OF SUCH EMPLOYER

EMPLOYER'S NAME _____

EMPLOYER'S ADDRESS _____

[IF YOUR SPOUSE WAS PAID \$5000.00 BY ADDITIONAL EMPLOYERS USE ADDITIONAL SHEETS]

b. DURING THE PRIOR CALENDAR YEAR, DID ANY OF YOUR DEPENDANT CHILDREN RECEIVE COMPENSATION IN EXCESS OF \$5000.00 FROM AN EMPLOYER? YES ☐ NO ☒

IF YES, THE NAME AND ADDRESS OF SUCH EMPLOYER

NAME OF DEPENDANT CHILD _____

EMPLOYER'S NAME _____

EMPLOYER'S ADDRESS _____

[IF YOUR DEPENDANT CHILDREN HAD OTHER EMPLOYERS WHO PAID THEM OVER \$5000.00 USE ADDITIONAL SHEETS]

4. DID YOU, YOUR SPOUSE OR ANY OF YOUR DEPENDANT CHILDREN EITHER
(1) SERVE AS AN OFFICER OF,
(2) OWN AN EQUITY INTEREST OR INTEREST IN THE EARNINGS OR PROFITS
THAT INDIVIDUALLY OR IN THE AGGREGATE EXCEEDS 10%, IN, OR
(3) DIRECTLY OR INDIRECTLY RECEIVE COMPENSATION, IN AGGREGATE IN
EXCESS OF \$5000.00 DURING THE PAST YEAR, FROM

IN ANY BUSINESS YEAR THAT DID BUSINESS WITH OR SOLICITED BUSINESS
WITH THE CITY OR COUNTY? YES ☒ NO ☐

IF YES, THE NAME AND ADDRESSES OF SUCH BUSINESS ENTITIES

ENTITY'S NAME CARDWELL Do-it Best Home Center

ENTITY'S ADDRESS 3205 Madison Avenue
INDIANAPOLIS, IN 46227-1127

*[IF YOU, YOUR SPOUSE OR DEPENDANT CHILDREN HAD OTHER ENTITIES THAT
MUST BE DISCLOSED ATTACH ADDITIONAL SHEETS]*

5. DID YOU, YOUR SPOUSE, OR ANY DEPENDANT CHILD SERVE AS AN OFFICER
OR BOARD MEMBER OF ANY ORGANIZATION THAT RECEIVED OR APPLIED
FOR FUNDING FROM THE CITY OR COUNTY? YES ☐ NO ☐

IF YES, THE NAME AND ADDRESS OF SUCH ORGANIZATION OR
ORGANIZATIONS:

PERSON SERVING:

COUNCILLOR ☒ SPOUSE ☐ DEPENDANT CHILD ☐

NAME OF ORGANIZATION See attached

ADDRESS OF ORGANIZATION _____

*IF YOU, YOUR SPOUSE OR DEPENDANT CHILDREN HAD POSITIONS IN OTHER
ORGANIZATIONS THAT MUST BE DISCLOSED ATTACH ADDITIONAL SHEETS]*

6. EXCEPT FOR CAMPAIGN DONATIONS, SUBJECT TO IC 3-9-2 AND REPORTED IN ACCORDANCE WITH LAW OR GIFTS FROM PERSONS INCLUDING FAMILY MEMBERS WITH WHOM YOU HAVE AN ON-GOING SOCIAL RELATIONSHIP NOT RELATED TO SERVICE ON THE COUNCIL WHICH ARE NOT SUBJECT TO REPORTING ON THIS FORM, DID YOU RECEIVE ANY GIFTS, OR OTHER ITEMS, VALUED OVER \$100, OR IN THE AGGREGATE OVER \$250, IN THE PRIOR YEAR FROM ANY PERSON OR FIRM THAT DOES BUSINESS WITH OR SEEKS TO DO BUSINESS WITH THE CITY OR COUNTY OR WHICH SEEKS TO INFLUENCE COUNCIL ACTION? YES ☒ NO ☐

IF YES, LIST THE NAMES OF SUCH PERSONS OR FIRMS

INDIANAPOLIS MOTOR SPEEDWAY INDIANAPOLIS AIRPORT AUTHORITY
INDIANA PACERS INDIANAPOLIS CONVENTION &
INDIANAPOLIS POWER & LIGHT -VISITOR'S ASSOCIATION (ICVA)

7. I ACKNOWLEDGE THAT IF ANY ITEMS REPORTED IN ITEMS 1 THROUGH 4 ABOVE CHANGE DURING THE YEAR I WILL UPDATE SUCH INFORMATION WITHIN 45 DAYS OF THE CHANGE.

IF THE SPACE PROVIDED ON THIS FORM IS INADEQUATE, ADDITIONAL SHEETS MAY BE USED TO PROVIDE THE ADDITIONAL INFORMATION. ARE YOU ATTACHING ADDITIONAL SHEETS? YES ☒ NO ☐

IF YES, HOW MANY ADDITIONAL SHEETS ARE ATTACHED? ONE

I AFFIRM UNDER PENALTIES FOR PERJURY THAT MY STATEMENTS ARE TRUE AND ACCURATE TO THE BEST OF MY KNOWLEDGE.

Jeffery F. Carwell
COUNCILOR

1/11/2010
DATE

SIGN, DATE AND RETURN TO: CLERK OF THE COUNCIL, 241 CITY-COUNTY BUILDING, INDIANAPOLIS, INDIANA, 46204.

From the Office of Jeffery L. Cardwell, City-County Councillor
3205 Madison Avenue • Indianapolis, IN 46227 • (317) 781-4769

Indianapolis City-County Council Ethics Disclosure Statement – Continued

Question 2 a. Did you receive compensation from any employers in the prior year?

Answer: YES

If Yes, the name and address of all such employers:

Associated Materials, Inc. d/b/a
Cardwell Do-it Best Home Center
3205 Madison Avenue
Indianapolis, IN 46227-1127

City of Indianapolis – The Council
City County Building, Room T241
200 E. Washington Street
Indianapolis, IN 46203

Cardwell, REALTORS
3205 Madison Avenue
Indianapolis, IN 46227-1127

Huddleston Professional Centre, Inc.
3205 Madison Avenue
Indianapolis, IN 46227-1127

Madison Capital, LLC
3205 Madison Avenue
Indianapolis, IN 46227-1127

J.C. Madison, LLC
3205 Madison Avenue
Indianapolis, IN 46227-1127

J. M. Holdings, LLC
3205 Madison Avenue
Indianapolis, IN 46227-1127

Question 2 b. Were you Self-Employed?

Answer: YES

Associated Materials, Inc. d/b/a
Cardwell Do-it Best Home Center

General Retail Hardware Store, Tool
Rental and Building Material Supplier

Cardwell, REALTORS

Residential & Commercial Real Estate Broker

Huddleston Professional Centre, Inc.

Property Management/Investment / Leasing Broker

Madison Capital, LLC

Commercial Property Management/Investment

J.C. Madison, LLC

Residential/Commercial Management/Investment

J.M. Holdings, LLC

Industrial Property Management/Investment

Question 5. Did you, your spouse, or any dependant child serve as an officer or board member of any organizations that received or applied for funding from the City or County?

Answer: YES Person Serving: Councillor

Gateway Business Alliance, Inc. d/b/a
Gateway Community Alliance
A registered not-for-profit organization
3205 Madison Avenue
Indianapolis, IN 46227-1127

Indianapolis City Market Corporation
A registered not-for-profit organization
Volunteer Board Member
222 E. Market Street
Indianapolis, IN 46204

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ALL QUESTIONS MUST BE ANSWERED COMPLETELY AND LEGIBLY

1. a. YOUR NAME BOB COCKRUM
- b. YOUR RESIDENCE
6004 W. RALSTON RD, INDIANAPOLIS, IN 46221
- c. YOUR BUSINESS ADDRESS
NA
2. a. DID YOU RECEIVE COMPENSATION FROM ANY EMPLOYERS IN THE
PRIOR YEAR? YES ☐ NO ☒

IF YES, THE NAME AND ADDRESS OF ALL SUCH EMPLOYERS

EMPLOYER'S NAME _____

EMPLOYER'S ADDRESS _____

[IF YOU HAD MORE THAN ONE EMPLOYER, USE ADDITIONAL SHEETS]

b. WERE YOU SELF-EMPLOYED? YES ___ NO X

IF YES, THE NATURE OF SUCH BUSINESS AND THE NAME UNDER WHICH CONDUCTED:

NATURE OF THE BUSINESS _____

NAME UNDER WHICH SUCH BUSINESS WAS CONDUCTED _____

3. a. DURING THE PRIOR CALENDAR YEAR, DID YOUR SPOUSE RECEIVE COMPENSATION IN EXCESS OF \$5000.00 FROM AN EMPLOYER?
YES ___ NO X

IF YES, THE NAME AND ADDRESS OF SUCH EMPLOYER

EMPLOYER'S NAME _____

EMPLOYER'S ADDRESS _____

[IF YOUR SPOUSE WAS PAID \$5000.00 BY ADDITIONAL EMPLOYERS USE ADDITIONAL SHEETS]

b. DURING THE PRIOR CALENDAR YEAR, DID ANY OF YOUR DEPENDANT CHILDREN RECEIVE COMPENSATION IN EXCESS OF \$5000.00 FROM AN EMPLOYER? YES ___ NO ___ NA

IF YES, THE NAME AND ADDRESS OF SUCH EMPLOYER

NAME OF DEPENDANT CHILD _____

EMPLOYER'S NAME _____

EMPLOYER'S ADDRESS _____

[IF YOUR DEPENDANT CHILDREN HAD OTHER EMPLOYERS WHO PAID THEM OVER \$5000.00 USE ADDITIONAL SHEETS]

4. DID YOU, YOUR SPOUSE OR ANY OF YOUR DEPENDANT CHILDREN EITHER
(1) SERVE AS AN OFFICER OF,
(2) OWN AN EQUITY INTEREST OR INTEREST IN THE EARNINGS OR PROFITS
THAT INDIVIDUALLY OR IN THE AGGREGATE EXCEEDS 10%, IN, OR
(3) DIRECTLY OR INDIRECTLY RECEIVE COMPENSATION, IN AGGREGATE IN
EXCESS OF \$5000.00 DURING THE PAST YEAR, FROM

IN ANY BUSINESS YEAR THAT DID BUSINESS WITH OR SOLICITED BUSINESS
WITH THE CITY OR COUNTY? YES ☒ NO ☐

IF YES, THE NAME AND ADDRESSES OF SUCH BUSINESS ENTITIES

ENTITY'S NAME CAPITAL IMPROVEMENT BOARD

ENTITY'S ADDRESS 100 S. CAPITOL AVE., INDIANAPOLIS, IN 46225

*[IF YOU, YOUR SPOUSE OR DEPENDANT CHILDREN HAD OTHER ENTITIES THAT
MUST BE DISCLOSED ATTACH ADDITIONAL SHEETS]*

5. DID YOU, YOUR SPOUSE, OR ANY DEPENDANT CHILD SERVE AS AN OFFICER
OR BOARD MEMBER OF ANY ORGANIZATION THAT RECEIVED OR APPLIED
FOR FUNDING FROM THE CITY OR COUNTY? YES ☐ NO ☒

IF YES, THE NAME AND ADDRESS OF SUCH ORGANIZATION OR
ORGANIZATIONS:

PERSON SERVING:

COUNCILLOR ☐ SPOUSE ☐ DEPENDANT CHILD ☐

NAME OF ORGANIZATION _____

ADDRESS OF ORGANIZATION _____

*IF YOU, YOUR SPOUSE OR DEPENDANT CHILDREN HAD POSITIONS IN OTHER
ORGANIZATIONS THAT MUST BE DISCLOSED ATTACH ADDITIONAL SHEETS]*

6. EXCEPT FOR CAMPAIGN DONATIONS, SUBJECT TO IC 3-9-2 AND REPORTED IN ACCORDANCE WITH LAW OR GIFTS FROM PERSONS INCLUDING FAMILY MEMBERS WITH WHOM YOU HAVE AN ON-GOING SOCIAL RELATIONSHIP NOT RELATED TO SERVICE ON THE COUNCIL WHICH ARE NOT SUBJECT TO REPORTING ON THIS FORM, DID YOU RECEIVE ANY GIFTS, OR OTHER ITEMS, VALUED OVER \$100, OR IN THE AGGREGATE OVER \$250, IN THE PRIOR YEAR FROM ANY PERSON OR FIRM THAT DOES BUSINESS WITH OR SEEKS TO DO BUSINESS WITH THE CITY OR COUNTY OR WHICH SEEKS TO INFLUENCE COUNCIL ACTION? YES ☒ NO ☐

IF YES, LIST THE NAMES OF SUCH PERSONS OR FIRMS

CAPITAL IMPROVEMENT BOARD - PAGER TICKETS
OPPENHEIMER AND CO - SPEEDWAY GALA TICKETS
INDIANAPOLIS COLTS - COLTS TICKETS

7. I ACKNOWLEDGE THAT IF ANY ITEMS REPORTED IN ITEMS 1 THROUGH 4 ABOVE CHANGE DURING THE YEAR I WILL UPDATE SUCH INFORMATION WITHIN 45 DAYS OF THE CHANGE.

IF THE SPACE PROVIDED ON THIS FORM IS INADEQUATE, ADDITIONAL SHEETS MAY BE USED TO PROVIDE THE ADDITIONAL INFORMATION. ARE YOU ATTACHING ADDITIONAL SHEETS? YES ☒ NO ☐
IF YES, HOW MANY ADDITIONAL SHEETS ARE ATTACHED? _____

I AFFIRM UNDER PENALTIES FOR PERJURY THAT MY STATEMENTS ARE TRUE AND ACCURATE TO THE BEST OF MY KNOWLEDGE.

Bob Cochran
COUNCILLOR

2-1-2010
DATE

SIGN, DATE AND RETURN TO: CLERK OF THE COUNCIL, 241 CITY-COUNTY BUILDING, INDIANAPOLIS, INDIANA, 46204.

INDIANAPOLIS CITY-COUNTY COUNCIL
ETHICS DISCLOSURE STATEMENT

ADDITIONAL SHEET 1 OF 3.

ADDITIONAL RESPONSE TO QUESTION 6

APPLICABLE TO: COUNCILLOR X CANDIDATE SPOUSE
DEPENDANT CHILD

CIB DINNER
PERSON, ENTITY OR ORGANIZATION ST. ELMO STEAK HOUSE

ADDRESS: 153 S. ILLINOIS ST, INDIANAPOLIS

ADDITIONAL RESPONSE TO QUESTION 6

APPLICABLE TO: COUNCILLOR X CANDIDATE SPOUSE
DEPENDANT CHILD

LUNCH
PERSON, ENTITY OR ORGANIZATION R.W. ARMSTRONG & ASSOC.

ADDRESS: 2801 S. PENNSYLVANIA ST, INDRIS

ADDITIONAL RESPONSE TO QUESTION 6

APPLICABLE TO: COUNCILLOR X CANDIDATE SPOUSE
DEPENDANT CHILD

LUNCHEES
PERSON, ENTITY OR ORGANIZATION MSP WAYNE TOWNSHIP

ADDRESS: 1200 N. GIRLS SCHOOL ROAD, INDRIS

[IF MORE SHEETS ARE NEEDED, DUPLICATE THIS PAGE]

INDIANAPOLIS CITY-COUNTY COUNCIL
ETHICS DISCLOSURE STATEMENT

ADDITIONAL SHEET 2 OF 3.

ADDITIONAL RESPONSE TO QUESTION 6

APPLICABLE TO: COUNCILLOR X CANDIDATE SPOUSE
DEPENDANT CHILD

COLTS TICKETS
PERSON, ENTITY OR ORGANIZATION CAPITAL IMPROVEMENT BOARD

ADDRESS: 100 S. CAPITOL AVE, INDPLS

ADDITIONAL RESPONSE TO QUESTION 6

APPLICABLE TO: COUNCILLOR X CANDIDATE SPOUSE
DEPENDANT CHILD

LUNCH
PERSON, ENTITY OR ORGANIZATION INDIANA NATIONAL GUARD

ADDRESS: STOUT FIELD, INDPLS

ADDITIONAL RESPONSE TO QUESTION 6

APPLICABLE TO: COUNCILLOR X CANDIDATE SPOUSE
DEPENDANT CHILD

10 YR DINNER AND PALER TICKETS
PERSON, ENTITY OR ORGANIZATION INDIANA PALERS

ADDRESS: 125 S. PENNSYLVANIA ST, INDPLS

[IF MORE SHEETS ARE NEEDED, DUPLICATE THIS PAGE]

INDIANAPOLIS CITY-COUNTY COUNCIL
ETHICS DISCLOSURE STATEMENT

ADDITIONAL SHEET 3 OF 3.

ADDITIONAL RESPONSE TO QUESTION 6

APPLICABLE TO: COUNCILLOR X CANDIDATE SPOUSE
DEPENDANT CHILD

LUNCH AND RECEPTION
PERSON, ENTITY OR ORGANIZATION FRENCH LICK RESORT

ADDRESS: 8670 W. ST. RD. 56, FRENCH LICK, IN 47432

ADDITIONAL RESPONSE TO QUESTION 6

APPLICABLE TO: COUNCILLOR CANDIDATE SPOUSE
DEPENDANT CHILD

BREAKFAST MEETING
PERSON, ENTITY OR ORGANIZATION INDIANAPOLIS AIRPORT AUTH,

ADDRESS: WEIR COOK TERMINAL

ADDITIONAL RESPONSE TO QUESTION

APPLICABLE TO: COUNCILLOR CANDIDATE SPOUSE
DEPENDANT CHILD

PERSON, ENTITY OR ORGANIZATION

ADDRESS:

[IF MORE SHEETS ARE NEEDED, DUPLICATE THIS PAGE]

**INDIANAPOLIS CITY-COUNTY COUNCIL
ETHICS DISCLOSURE STATEMENT**

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Failure to file this form in a timely manner may subject the councillor or candidate to sanctions by the Ethics Committee of the City-County Council.

ALL QUESTIONS MUST BE ANSWERED COMPLETELY AND LEGIBLY

1. a. **YOUR NAME** Ed Coleman
b. **YOUR RESIDENCE** 4622 Whitridge LN 46237
c. **YOUR BUSINESS ADDRESS** _____

2. a. **DID YOU RECEIVE COMPENSATION FROM ANY EMPLOYERS IN THE PRIOR YEAR?** YES X NO _____

IF YES, THE NAME AND ADDRESS OF ALL SUCH EMPLOYERS

EMPLOYER'S NAME Forest Creek Village / American Sav. Communities

EMPLOYER'S ADDRESS 525 E. Thompson Rd
Indpls, IN 46227

[IF YOU HAD MORE THAN ONE EMPLOYER, USE ADDITIONAL SHEETS]

b. WERE YOU SELF-EMPLOYED? YES ___ NO X

IF YES, THE NATURE OF SUCH BUSINESS AND THE NAME UNDER WHICH CONDUCTED:

NATURE OF THE BUSINESS _____

NAME UNDER WHICH SUCH BUSINESS WAS CONDUCTED _____

3. a. DURING THE PRIOR CALENDAR YEAR, DID YOUR SPOUSE RECEIVE COMPENSATION IN EXCESS OF \$5000.00 FROM AN EMPLOYER?
YES Y NO ___

IF YES, THE NAME AND ADDRESS OF SUCH EMPLOYER

EMPLOYER'S NAME Indianapolis Public Schools

EMPLOYER'S ADDRESS _____

[IF YOUR SPOUSE WAS PAID \$5000.00 BY ADDITIONAL EMPLOYERS USE ADDITIONAL SHEETS]

b. DURING THE PRIOR CALENDAR YEAR, DID ANY OF YOUR DEPENDANT CHILDREN RECEIVE COMPENSATION IN EXCESS OF \$5000.00 FROM AN EMPLOYER? YES ___ NO X

IF YES, THE NAME AND ADDRESS OF SUCH EMPLOYER

NAME OF DEPENDANT CHILD _____

EMPLOYER'S NAME _____

EMPLOYER'S ADDRESS _____

[IF YOUR DEPENDANT CHILDREN HAD OTHER EMPLOYERS WHO PAID THEM OVER \$5000.00 USE ADDITIONAL SHEETS]

4. DID YOU, YOUR SPOUSE OR ANY OF YOUR DEPENDANT CHILDREN EITHER
(1) SERVE AS AN OFFICER OF,
(2) OWN AN EQUITY INTEREST OR INTEREST IN THE EARNINGS OR PROFITS
THAT INDIVIDUALLY OR IN THE AGGREGATE EXCEEDS 10%, IN, OR
(3) DIRECTLY OR INDIRECTLY RECEIVE COMPENSATION, IN AGGREGATE IN
EXCESS OF \$5000.00 DURING THE PAST YEAR, FROM

IN ANY BUSINESS YEAR THAT DID BUSINESS WITH OR SOLICITED BUSINESS
WITH THE CITY OR COUNTY? YES ___ NO X

IF YES, THE NAME AND ADDRESSES OF SUCH BUSINESS ENTITIES

ENTITY'S NAME _____

ENTITY'S ADDRESS _____

*[IF YOU, YOUR SPOUSE OR DEPENDANT CHILDREN HAD OTHER ENTITIES THAT
MUST BE DISCLOSED ATTACH ADDITIONAL SHEETS]*

5. DID YOU, YOUR SPOUSE, OR ANY DEPENDANT CHILD SERVE AS AN OFFICER
OR BOARD MEMBER OF ANY ORGANIZATION THAT RECEIVED OR APPLIED
FOR FUNDING FROM THE CITY OR COUNTY? YES ___ NO X

IF YES, THE NAME AND ADDRESS OF SUCH ORGANIZATION OR
ORGANIZATIONS:

PERSON SERVING:

COUNCILLOR ___ SPOUSE ___ DEPENDANT CHILD _____

NAME OF ORGANIZATION _____

ADDRESS OF ORGANIZATION _____

*IF YOU, YOUR SPOUSE OR DEPENDANT CHILDREN HAD POSITIONS IN OTHER
ORGANIZATIONS THAT MUST BE DISCLOSED ATTACH ADDITIONAL SHEETS]*

6. EXCEPT FOR CAMPAIGN DONATIONS, SUBJECT TO IC 3-9-2 AND REPORTED IN ACCORDANCE WITH LAW OR GIFTS FROM PERSONS INCLUDING FAMILY MEMBERS WITH WHOM YOU HAVE AN ON-GOING SOCIAL RELATIONSHIP NOT RELATED TO SERVICE ON THE COUNCIL WHICH ARE NOT SUBJECT TO REPORTING ON THIS FORM, DID YOU RECEIVE ANY GIFTS, OR OTHER ITEMS, VALUED OVER \$100, OR IN THE AGGREGATE OVER \$250, IN THE PRIOR YEAR FROM ANY PERSON OR FIRM THAT DOES BUSINESS WITH OR SEEKS TO DO BUSINESS WITH THE CITY OR COUNTY OR WHICH SEEKS TO INFLUENCE COUNCIL ACTION? YES ☒ NO ☐

IF YES, LIST THE NAMES OF SUCH PERSONS OR FIRMS


Indianapolis Power & Light
Indianapolis Motor Speedway

7. I ACKNOWLEDGE THAT IF ANY ITEMS REPORTED IN ITEMS 1 THROUGH 4 ABOVE CHANGE DURING THE YEAR I WILL UPDATE SUCH INFORMATION WITHIN 45 DAYS OF THE CHANGE.

IF THE SPACE PROVIDED ON THIS FORM IS INADEQUATE, ADDITIONAL SHEETS MAY BE USED TO PROVIDE THE ADDITIONAL INFORMATION. ARE YOU ATTACHING ADDITIONAL SHEETS? YES ☐ NO ☒

IF YES, HOW MANY ADDITIONAL SHEETS ARE ATTACHED? _____

I AFFIRM UNDER PENALTIES FOR PERJURY THAT MY STATEMENTS ARE TRUE AND ACCURATE TO THE BEST OF MY KNOWLEDGE.



COUNCILLOR

2/1/10

DATE

SIGN, DATE AND RETURN TO: CLERK OF THE COUNCIL, 241 CITY-COUNTY BUILDING, INDIANAPOLIS, INDIANA, 46204.

**INDIANAPOLIS CITY-COUNTY COUNCIL
ETHICS DISCLOSURE STATEMENT**

ADDITIONAL SHEET ____ OF ____.

ADDITIONAL RESPONSE TO QUESTION _____

APPLICABLE TO: COUNCILLOR ____ CANDIDATE ____ SPOUSE ____
DEPENDANT CHILD _____

PERSON, ENTITY OR ORGANIZATION _____

ADDRESS: _____

ADDITIONAL RESPONSE TO QUESTION _____

APPLICABLE TO: COUNCILLOR ____ CANDIDATE ____ SPOUSE ____
DEPENDANT CHILD _____

PERSON, ENTITY OR ORGANIZATION _____

ADDRESS: _____

ADDITIONAL RESPONSE TO QUESTION _____

APPLICABLE TO: COUNCILLOR ____ CANDIDATE ____ SPOUSE ____
DEPENDANT CHILD _____

PERSON, ENTITY OR ORGANIZATION _____

ADDRESS: _____

[IF MORE SHEETS ARE NEEDED, DUPLICATE THIS PAGE]

**INDIANAPOLIS CITY-COUNTY COUNCIL
ETHICS DISCLOSURE STATEMENT**

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ALL QUESTIONS MUST BE ANSWERED COMPLETELY AND LEGIBLY

1. a. **YOUR NAME** _____ N Susie Day _____
 b. **YOUR RESIDENCE** _245 Churchman Ave, Beech Grove, IN 46107_____
 c. **YOUR BUSINESS ADDRESS** _____ 10 N Senate Ave, SE 311 _____
 Indianapolis, IN 46204 _____
2. a. **DID YOU RECEIVE COMPENSATION FROM ANY EMPLOYERS IN THE
 PRIOR YEAR? YES X NO ____**

IF YES, THE NAME AND ADDRESS OF ALL SUCH EMPLOYERS

EMPLOYER'S NAME _____ State of Indiana ____ / _____

EMPLOYER'S ADDRESS ____ 10 N Senate Ave, SE 311 _____
_____ Indianapolis, IN 46204 _____

[IF YOU HAD MORE THAN ONE EMPLOYER, USE ADDITIONAL SHEETS] b. **WERE
YOU SELF-EMPLOYED? YES ____ NO X__**

IF YES, THE NATURE OF SUCH BUSINESS AND THE NAME UNDER WHICH CONDUCTED:

NATURE OF THE BUSINESS _____

NAME UNDER WHICH SUCH BUSINESS WAS CONDUCTED _____

3. a. **DURING THE PRIOR CALENDAR YEAR, DID YOUR SPOUSE RECEIVE COMPENSATION IN EXCESS OF \$5000.00 FROM AN EMPLOYER?**

YES ☒ NO ☐

IF YES, THE NAME AND ADDRESS OF SUCH EMPLOYER

EMPLOYER'S NAME _____ State of Indiana _____

EMPLOYER'S ADDRESS _____ 100 N. Senate Ave., IGCN 440 _____
Indianapolis, IN 46204 _____

[IF YOUR SPOUSE WAS PAID \$5000.00 BY ADDITIONAL EMPLOYERS USE ADDITIONAL SHEETS]

- b. **DURING THE PRIOR CALENDAR YEAR, DID ANY OF YOUR DEPENDANT CHILDREN RECEIVE COMPENSATION IN EXCESS OF \$5000.00 FROM AN EMPLOYER?** YES ☐ NO ☒

IF YES, THE NAME AND ADDRESS OF SUCH EMPLOYER

NAME OF DEPENDANT CHILD _____

EMPLOYER'S NAME _____

EMPLOYER'S ADDRESS _____

[IF YOUR DEPENDANT CHILDREN HAD OTHER EMPLOYERS WHO PAID THEM OVER \$5000.00 USE ADDITIONAL SHEETS]

4. DID YOU, YOUR SPOUSE OR ANY OF YOUR DEPENDANT CHILDREN EITHER
(1) SERVE AS AN OFFICER OF,
(2) OWN AN EQUITY INTEREST OR INTEREST IN THE EARNINGS OR PROFITS
THAT INDIVIDUALLY OR IN THE AGGREGATE EXCEEDS 10%, IN, OR
(3) DIRECTLY OR INDIRECTLY RECEIVE COMPENSATION, IN AGGREGATE
IN EXCESS OF \$5000.00 DURING THE PAST YEAR, FROM

IN ANY BUSINESS YEAR THAT DID BUSINESS WITH OR SOLICITED BUSINESS
WITH THE CITY OR COUNTY? YES ___ NO X

IF YES, THE NAME AND ADDRESSES OF SUCH BUSINESS ENTITIES

ENTITY'S NAME _____

ENTITY'S ADDRESS _____

*[IF YOU, YOUR SPOUSE OR DEPENDANT CHILDREN HAD OTHER ENTITIES THAT
MUST BE DISCLOSED ATTACH ADDITIONAL SHEETS]*

5. DID YOU, YOUR SPOUSE, OR ANY DEPENDANT CHILD SERVE AS AN OFFICER
OR BOARD MEMBER OF ANY ORGANIZATION THAT RECEIVED OR APPLIED
FOR FUNDING FROM THE CITY OR COUNTY? YES ___ NO X

IF YES, THE NAME AND ADDRESS OF SUCH ORGANIZATION OR
ORGANIZATIONS:

PERSON SERVING:
COUNCILLOR ___ SPOUSE ___ DEPENDANT CHILD _____

NAME OF ORGANIZATION _____

ADDRESS OF ORGANIZATION _____

*IF YOU, YOUR SPOUSE OR DEPENDANT CHILDREN HAD POSITIONS IN OTHER
ORGANIZATIONS THAT MUST BE DISCLOSED ATTACH ADDITIONAL SHEETS]*

6. EXCEPT FOR CAMPAIGN DONATIONS , SUBJECT TO IC 3-9-2 AND REPORTED IN ACCORDANCE WITH LAW OR GIFTS FROM PERSONS INCLUDING FAMILY MEMBERS WITH WHOM YOU HAVE AN ON-GOING SOCIAL RELATIONSHIP NOT RELATED TO SERVICE ON THE COUNCIL WHICH ARE NOT SUBJECT TO REPORTING ON THIS FORM, DID YOU RECEIVE ANY GIFTS, OR OTHER ITEMS, VALUED OVER \$100, OR IN THE AGGREGATE OVER \$250, IN THE PRIOR YEAR FROM ANY PERSON OR FIRM THAT DOES BUSINESS WITH OR SEEKS TO DO BUSINESS WITH THE CITY OR COUNTY OR WHICH SEEKS TO INFLUENCE COUNCIL ACTION? YES X NO

IF YES, LIST THE NAMES OF SUCH PERSONS OR FIRMS

 Indianapolis Motor Speedway
 Indianapolis International Airport
 Indiana Pacers

7. I ACKNOWLEDGE THAT IF ANY ITEMS REPORTED IN ITEMS 1 THROUGH 4 ABOVE CHANGE DURING THE YEAR I WILL UPDATE SUCH INFORMATION WITHIN 45 DAYS OF THE CHANGE.

IF THE SPACE PROVIDED ON THIS FORM IS INADEQUATE, ADDITIONAL SHEETS MAY BE USED TO PROVIDE THE ADDITIONAL INFORMATION. ARE YOU ATTACHING ADDITIONAL SHEETS? YES NO X
IF YES, HOW MANY ADDITIONAL SHEETS ARE ATTACHED?

I AFFIRM UNDER PENALTIES FOR PERJURY THAT MY STATEMENTS ARE TRUE AND ACCURATE TO THE BEST OF MY KNOWLEDGE.

Susie Day
COUNCILLOR

 January 24, 2010

DATE

SIGN, DATE AND RETURN TO: CLERK OF THE COUNCIL, 241 CITY-COUNTY BUILDING, INDIANAPOLIS, INDIANA, 46204.

**INDIANAPOLIS CITY-COUNTY COUNCIL
ETHICS DISCLOSURE STATEMENT**

Sec. 151-1123 of the Revised Code of the Consolidated City and County requires all Councillors and any declared candidate for City-County Council to file this statement. For the year 2009, the statement is due July 1, 2009. Thereafter, the statement is due February 1 or within 30 days of taking office. Candidates are required to file before or at the same time as filing a candidate's declaration or petition.

Failure to file this form in a timely manner may subject the councillor or candidate to sanctions by the Ethics Committee of the City-County Council.

ALL QUESTIONS MUST BE ANSWERED COMPLETELY AND LEGIBLY

1. a. **YOUR NAME** Jose M. Evans
 b. **YOUR RESIDENCE** 7644 Bancaster Drive, Indpls, IN 46268
 c. **YOUR BUSINESS ADDRESS** 1449 N. Pennsylvania
 Indpls, IN 46202
2. a. **DID YOU RECEIVE COMPENSATION FROM ANY EMPLOYERS IN THE PRIOR YEAR?** YES ☒ NO ☐

IF YES, THE NAME AND ADDRESS OF ALL SUCH EMPLOYERS

EMPLOYER'S NAME Sepracon Inc.

EMPLOYER'S ADDRESS 84 Waterford Drive
Marlborough, MA 01752

[IF YOU HAD MORE THAN ONE EMPLOYER, USE ADDITIONAL SHEETS]

EVANS & ASSOCIATES "YES"

SEPRACOR, INC. "NO"

b. WERE YOU SELF-EMPLOYED? YES ☒ NO ☒

IF YES, THE NATURE OF SUCH BUSINESS AND THE NAME UNDER WHICH CONDUCTED: ~~SEPRACOR, INC.~~

NATURE OF THE BUSINESS Government Relations, political campaigns, research

NAME UNDER WHICH SUCH BUSINESS WAS CONDUCTED EVANS & ASSOCIATES LLC.

3. a. DURING THE PRIOR CALENDAR YEAR, DID YOUR SPOUSE RECEIVE COMPENSATION IN EXCESS OF \$5000.00 FROM AN EMPLOYER? YES ☒ NO ☐

IF YES, THE NAME AND ADDRESS OF SUCH EMPLOYER

EMPLOYER'S NAME Butler University

EMPLOYER'S ADDRESS 4600 Sunset Ave
Indpls, IN 46208

[IF YOUR SPOUSE WAS PAID \$5000.00 BY ADDITIONAL EMPLOYERS USE ADDITIONAL SHEETS]

b. DURING THE PRIOR CALENDAR YEAR, DID ANY OF YOUR DEPENDANT CHILDREN RECEIVE COMPENSATION IN EXCESS OF \$5000.00 FROM AN EMPLOYER? YES ☐ NO ☒

IF YES, THE NAME AND ADDRESS OF SUCH EMPLOYER

NAME OF DEPENDANT CHILD _____

EMPLOYER'S NAME _____

EMPLOYER'S ADDRESS _____

[IF YOUR DEPENDANT CHILDREN HAD OTHER EMPLOYERS WHO PAID THEM OVER \$5000.00 USE ADDITIONAL SHEETS]

4. DID YOU, YOUR SPOUSE OR ANY OF YOUR DEPENDANT CHILDREN EITHER
- (1) SERVE AS AN OFFICER OF,
 - (2) OWN AN EQUITY INTEREST OR INTEREST IN THE EARNINGS OR PROFITS THAT INDIVIDUALLY OR IN THE AGGREGATE EXCEEDS 10%, IN, OR
 - (3) DIRECTLY OR INDIRECTLY RECEIVE COMPENSATION, IN AGGREGATE IN EXCESS OF \$5000.00 DURING THE PAST YEAR, FROM

IN ANY BUSINESS YEAR THAT DID BUSINESS WITH OR SOLICITED BUSINESS WITH THE CITY OR COUNTY? YES ___ NO X

IF YES, THE NAME AND ADDRESSES OF SUCH BUSINESS ENTITIES

ENTITY'S NAME _____

ENTITY'S ADDRESS _____

[IF YOU, YOUR SPOUSE OR DEPENDANT CHILDREN HAD OTHER ENTITIES THAT MUST BE DISCLOSED ATTACH ADDITIONAL SHEETS]

5. DID YOU, YOUR SPOUSE, OR ANY DEPENDANT CHILD SERVE AS AN OFFICER OR BOARD MEMBER OF ANY ORGANIZATION THAT RECEIVED OR APPLIED FOR FUNDING FROM THE CITY OR COUNTY? YES X NO ___

IF YES, THE NAME AND ADDRESS OF SUCH ORGANIZATION OR ORGANIZATIONS: ~~Indiana Latino Institute~~

PERSON SERVING:

COUNCILLOR X SPOUSE ___ DEPENDANT CHILD ___

NAME OF ORGANIZATION Indiana Latino Institute

ADDRESS OF ORGANIZATION 445 N. Pennsylvania
Indpls, IN 46204

IF YOU, YOUR SPOUSE OR DEPENDANT CHILDREN HAD POSITIONS IN OTHER ORGANIZATIONS THAT MUST BE DISCLOSED ATTACH ADDITIONAL SHEETS]

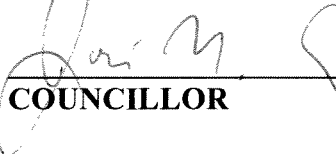
6. EXCEPT FOR CAMPAIGN DONATIONS , SUBJECT TO IC 3-9-2 AND REPORTED IN ACCORDANCE WITH LAW OR GIFTS FROM PERSONS INCLUDING FAMILY MEMBERS WITH WHOM YOU HAVE AN ON-GOING SOCIAL RELATIONSHIP NOT RELATED TO SERVICE ON THE COUNCIL WHICH ARE NOT SUBJECT TO REPORTING ON THIS FORM, DID YOU RECEIVE ANY GIFTS, OR OTHER ITEMS, VALUED OVER \$100, OR IN THE AGGREGATE OVER \$250, IN THE PRIOR YEAR FROM ANY PERSON OR FIRM THAT DOES BUSINESS WITH OR SEEKS TO DO BUSINESS WITH THE CITY OR COUNTY OR WHICH SEEKS TO INFLUENCE COUNCIL ACTION? YES ___ NO X

IF YES, LIST THE NAMES OF SUCH PERSONS OR FIRMS

7. I ACKNOWLEDGE THAT IF ANY ITEMS REPORTED IN ITEMS 1 THROUGH 4 ABOVE CHANGE DURING THE YEAR I WILL UPDATE SUCH INFORMATION WITHIN 45 DAYS OF THE CHANGE.

IF THE SPACE PROVIDED ON THIS FORM IS INADEQUATE, ADDITIONAL SHEETS MAY BE USED TO PROVIDE THE ADDITIONAL INFORMATION. ARE YOU ATTACHING ADDITIONAL SHEETS? YES ___ NO ___
IF YES, HOW MANY ADDITIONAL SHEETS ARE ATTACHED? _____

I AFFIRM UNDER PENALTIES FOR PERJURY THAT MY STATEMENTS ARE TRUE AND ACCURATE TO THE BEST OF MY KNOWLEDGE.



COUNCILLOR

1-29-10

DATE

SIGN, DATE AND RETURN TO: CLERK OF THE COUNCIL, 241 CITY-COUNTY BUILDING, INDIANAPOLIS, INDIANA, 46204.

**INDIANAPOLIS CITY-COUNTY COUNCIL
ETHICS DISCLOSURE STATEMENT**

ADDITIONAL SHEET ____ OF ____.

ADDITIONAL RESPONSE TO QUESTION _____

APPLICABLE TO: COUNCILLOR ____ CANDIDATE ____ SPOUSE ____
DEPENDANT CHILD _____

PERSON, ENTITY OR ORGANIZATION _____

ADDRESS: _____

ADDITIONAL RESPONSE TO QUESTION _____

APPLICABLE TO: COUNCILLOR ____ CANDIDATE ____ SPOUSE ____
DEPENDANT CHILD _____

PERSON, ENTITY OR ORGANIZATION _____

ADDRESS: _____

ADDITIONAL RESPONSE TO QUESTION _____

APPLICABLE TO: COUNCILLOR ____ CANDIDATE ____ SPOUSE ____
DEPENDANT CHILD _____

PERSON, ENTITY OR ORGANIZATION _____

ADDRESS: _____

[IF MORE SHEETS ARE NEEDED, DUPLICATE THIS PAGE]

**INDIANAPOLIS CITY-COUNTY COUNCIL
ETHICS DISCLOSURE STATEMENT**

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ALL QUESTIONS MUST BE ANSWERED COMPLETELY AND LEGIBLY

1. a. **YOUR NAME** Monroe Gray
 b. **YOUR RESIDENCE** 4811-SEVILLE DR.
 c. **YOUR BUSINESS ADDRESS**

2. a. **DID YOU RECEIVE COMPENSATION FROM ANY EMPLOYERS IN THE
 PRIOR YEAR?** YES ☐ NO ☒

IF YES, THE NAME AND ADDRESS OF ALL SUCH EMPLOYERS

EMPLOYER'S NAME _____

EMPLOYER'S ADDRESS _____

[IF YOU HAD MORE THAN ONE EMPLOYER, USE ADDITIONAL SHEETS]

b. WERE YOU SELF-EMPLOYED? YES __ NO __

IF YES, THE NATURE OF SUCH BUSINESS AND THE NAME UNDER WHICH CONDUCTED:

NATURE OF THE BUSINESS _____

NAME UNDER WHICH SUCH BUSINESS WAS CONDUCTED _____

3. a. **DURING THE PRIOR CALENDAR YEAR, DID YOUR SPOUSE RECEIVE COMPENSATION IN EXCESS OF \$5000.00 FROM AN EMPLOYER?**
YES __ NO __

IF YES, THE NAME AND ADDRESS OF SUCH EMPLOYER

EMPLOYER'S NAME _____

EMPLOYER'S ADDRESS _____

[IF YOUR SPOUSE WAS PAID \$5000.00 BY ADDITIONAL EMPLOYERS USE ADDITIONAL SHEETS]

b. **DURING THE PRIOR CALENDAR YEAR, DID ANY OF YOUR DEPENDANT CHILDREN RECEIVE COMPENSATION IN EXCESS OF \$5000.00 FROM AN EMPLOYER?** YES ____ NO ☒

IF YES, THE NAME AND ADDRESS OF SUCH EMPLOYER

NAME OF DEPENDANT CHILD _____

EMPLOYER'S NAME _____

EMPLOYER'S ADDRESS _____

[IF YOUR DEPENDANT CHILDREN HAD OTHER EMPLOYERS WHO PAID THEM OVER \$5000.00 USE ADDITIONAL SHEETS]

4. DID YOU, YOUR SPOUSE OR ANY OF YOUR DEPENDANT CHILDREN EITHER

(1) SERVE AS AN OFFICER OF,

(2) OWN AN EQUITY INTEREST OR INTEREST IN THE EARNINGS OR PROFITS THAT INDIVIDUALLY OR IN THE AGGREGATE EXCEEDS 10%, IN, OR

(3) DIRECTLY OR INDIRECTLY RECEIVE COMPENSATION, IN AGGREGATE IN EXCESS OF \$5000.00 DURING THE PAST YEAR, FROM

IN ANY BUSINESS YEAR THAT DID BUSINESS WITH OR SOLICITED BUSINESS WITH THE CITY OR COUNTY? YES ___ NO ☒

IF YES, THE NAME AND ADDRESSES OF SUCH BUSINESS ENTITIES

ENTITY'S NAME _____

ENTITY'S ADDRESS _____

[IF YOU, YOUR SPOUSE OR DEPENDANT CHILDREN HAD OTHER ENTITIES THAT MUST BE DISCLOSED ATTACH ADDITIONAL SHEETS]

5. DID YOU, YOUR SPOUSE, OR ANY DEPENDANT CHILD SERVE AS AN OFFICER OR BOARD MEMBER OF ANY ORGANIZATION THAT RECEIVED OR APPLIED FOR FUNDING FROM THE CITY OR COUNTY? YES ___ NO ☒

IF YES, THE NAME AND ADDRESS OF SUCH ORGANIZATION OR ORGANIZATIONS:

PERSON SERVING:

COUNCILLOR ___ SPOUSE ___ DEPENDANT CHILD _____

NAME OF ORGANIZATION _____

ADDRESS OF ORGANIZATION _____

IF YOU, YOUR SPOUSE OR DEPENDANT CHILDREN HAD POSITIONS IN OTHER ORGANIZATIONS THAT MUST BE DISCLOSED ATTACH ADDITIONAL SHEETS]

6. EXCEPT FOR CAMPAIGN DONATIONS , SUBJECT TO IC 3-9-2 AND REPORTED IN ACCORDANCE WITH LAW OR GIFTS FROM PERSONS INCLUDING FAMILY MEMBERS WITH WHOM YOU HAVE AN ON-GOING SOCIAL RELATIONSHIP NOT RELATED TO SERVICE ON THE COUNCIL WHICH ARE NOT SUBJECT TO REPORTING ON THIS FORM, DID YOU RECEIVE ANY GIFTS, OR OTHER ITEMS, VALUED OVER \$100, OR IN THE AGGREGATE OVER \$250, IN THE PRIOR YEAR FROM ANY PERSON OR FIRM THAT DOES BUSINESS WITH OR SEEKS TO DO BUSINESS WITH THE CITY OR COUNTY OR WHICH SEEKS TO INFLUENCE COUNCIL ACTION? YES ___ NO ☒

IF YES, LIST THE NAMES OF SUCH PERSONS OR FIRMS

7. I ACKNOWLEDGE THAT IF ANY ITEMS REPORTED IN ITEMS 1 THROUGH 4 ABOVE CHANGE DURING THE YEAR I WILL UPDATE SUCH INFORMATION WITHIN 45 DAYS OF THE CHANGE.

IF THE SPACE PROVIDED ON THIS FORM IS INADEQUATE, ADDITIONAL SHEETS MAY BE USED TO PROVIDE THE ADDITIONAL INFORMATION. ARE YOU ATTACHING ADDITIONAL SHEETS? YES ___ NO ___
IF YES, HOW MANY ADDITIONAL SHEETS ARE ATTACHED? _____

I AFFIRM UNDER PENALTIES FOR PERJURY THAT MY STATEMENTS ARE TRUE AND ACCURATE TO THE BEST OF MY KNOWLEDGE.


COUNCILLOR

01-11-10
DATE

SIGN, DATE AND RETURN TO: CLERK OF THE COUNCIL, 241 CITY-COUNTY BUILDING, INDIANAPOLIS, INDIANA, 46204.

**INDIANAPOLIS CITY-COUNTY COUNCIL
ETHICS DISCLOSURE STATEMENT**

ADDITIONAL SHEET ____ OF ____.

ADDITIONAL RESPONSE TO QUESTION _____

APPLICABLE TO: COUNCILLOR ____ CANDIDATE ____ SPOUSE ____
DEPENDANT CHILD _____

PERSON, ENTITY OR ORGANIZATION _____

ADDRESS: _____

ADDITIONAL RESPONSE TO QUESTION _____

APPLICABLE TO: COUNCILLOR ____ CANDIDATE ____ SPOUSE ____
DEPENDANT CHILD _____

PERSON, ENTITY OR ORGANIZATION _____

ADDRESS: _____

ADDITIONAL RESPONSE TO QUESTION _____

APPLICABLE TO: COUNCILLOR ____ CANDIDATE ____ SPOUSE ____
DEPENDANT CHILD _____

PERSON, ENTITY OR ORGANIZATION _____

ADDRESS: _____

[IF MORE SHEETS ARE NEEDED, DUPLICATE THIS PAGE]

INDIANAPOLIS CITY-COUNTY COUNCIL ETHICS DISCLOSURE STATEMENT

Sec. 151-1123 of the Revised Code of the Consolidated City and County requires all Councillors and any declared candidate for City-County Council to file this statement. For the year 2009, the statement is due July 1, 2009. Thereafter, the statement is due February 1 or within 30 days of taking office. Candidates are required to file before or at the same time as filing a candidate's declaration or petition.

Failure to file this form in a timely manner may subject the Councillor or candidate to sanctions by the Ethics Committee of the City-County Council.

ALL QUESTIONS MUST BE ANSWERED COMPLETELY AND LEGIBLY

1. **a. Your Name:** Benjamin Hunter (Council District #21) 2009 CY, Feb. 1, 2010

b. Your Residence:
10921 Midnight Drive

Indianapolis, IN 46239

c. Your Business Address:
Butler University - Office of Public Safety, 525 W. Hampton Drive

Indianapolis, IN 46208

2. **a. Did You Receive Compensation From Any Employers in the Prior Year?**
YES ☒ NO ☐

If Yes, the Name and Address of all Such Employers

Employer's Name: Butler University

Employer's Address: 4600 N. Sunset Avenue

Indianapolis, IN 46208

[IF YOU HAD MORE THAN ONE EMPLOYER, USE ADDITIONAL SHEETS]

b. Were You Self-Employed?
YES ☐ NO ☒

If Yes, the Nature of Such Business and the Name Under Which Conducted:

Nature of the Business: _____

Name under Which Such Business was Conducted: _____

3. a. During the Prior Calendar Year, Did Your Spouse Receive Compensation in excess of \$5000.00 from an Employer?

YES ☒ NO ☐

If Yes, the Name and Address of Such Employer

Employer's
Name: _____ Friedman Foundation for Educational Choice

Employer's Address: _____ One America Square Suite #2420
Indianapolis, IN 46202

[IF YOUR SPOUSE WAS PAID \$5000.00 BY ADDITIONAL EMPLOYERS USE ADDITIONAL SHEETS]

- b. During the Prior Calendar Year, Did Any of Your Dependant Children Receive Compensation in Excess of \$5000.00 from an Employer?

YES ☐ NO ☒

If Yes, the Name and Address of Such Employer

Name of Dependant Child _____

Employer's Name _____

Employer's Address _____

[IF YOUR DEPENDANT CHILDREN HAD OTHER EMPLOYERS WHO PAID THEM OVER \$5000.00 USE ADDITIONAL SHEETS]

4. Did You, Your Spouse or any of Your Dependant Children Either
(i) Serve as an Officer of,
(ii) Own an Equity Interest or Interest in the Earnings or Profits that Individually or in the Aggregate Exceeds 10%, in, or
(iii) Directly or Indirectly Receive Compensation, in Aggregate in Excess of \$5000.00 During the Past Year, from
Any Business that did Business with or Solicited Business with the City or County?

YES ☐ NO ☒

If Yes, the Name and Addresses of Such Business Entities

Entity's Name:

Entity's Address:

[IF YOU, YOUR SPOUSE OR DEPENDANT CHILDREN HAD OTHER ENTITIES THAT MUST BE DISCLOSED ATTACH ADDITIONAL SHEETS]

5. Did You, Your Spouse, or any Dependant Child Serve as an Officer or Board Member of any Organization that Received or Applied for Funding from the City or County?

YES ☒ NO ☐

If Yes, The Name and Address of such Organization or Organizations:

Person Serving: Councillor: ☒ Spouse ☐ Dependant Child ☐

Name of Organization:

Peace Learning Center (Board of Directors)

Address of Organization:

1040 DeLong Road

Indianapolis, IN 46254

[IF YOU, YOUR SPOUSE OR DEPENDANT CHILDREN HAD POSITIONS IN OTHER ORGANIZATIONS THAT MUST BE DISCLOSED ATTACH ADDITIONAL SHEETS]

6. *Except for Campaign Donations , Subject to IC 3-9-2 and Reported in Accordance with Law or Gifts from Persons Including Family Members with whom you have an On-Going Social Relationship not Related to Service on the Council Which are not Subject to Reporting on this form, did you Receive any Gifts, or Other Items, Valued Over \$100, or in the Aggregate over \$250, in the Prior Year From Any Person or Firm that does Business with or Seeks to do Business with the City or County or which Seeks to Influence Council Action?*
YES ☒ NO ☐

If Yes, List the Names of Such Persons or Firms:

Indianapolis Airport Authority - parking pass (unknown value)

Indianapolis Motor Speedway (IMS) Hulman-George family (race)

United Consulting

Indianapolis Colts (Pre-season game)

Indiana Pacers

Citizen's Energy and Gas

Friedman Foundation for Educational Choice

Milestone Construction INC

Indianapolis Power and Light (AES) - dinner with caucus

7. **I ACKNOWLEDGE THAT IF ANY ITEMS REPORTED IN ITEMS 1 THROUGH 4 ABOVE CHANGE DURING THE YEAR I WILL UPDATE SUCH INFORMATION WITHIN 45 DAYS OF THE CHANGE.**

If the Space Provided on this Form is Inadequate, Additional Sheets may be used to Provide the Additional Information. **Are You Attaching Additional Sheets?**

YES ☐ NO ☒

If Yes, How May Additional Sheets are Attached? One

I AFFIRM UNDER PENALTIES FOR PERJURY THAT MY STATEMENTS ARE TRUE AND ACCURATE TO THE BEST OF MY KNOWLEDGE.

Benjamin Hunter

COUNCILLOR

Feb 1, 2010

DATE

SIGN, DATE AND RETURN TO: CLERK OF THE COUNCIL, 241 CITY-COUNTY BUILDING, INDIANAPOLIS, INDIANA, 46204.

**INDIANAPOLIS CITY-COUNTY COUNCIL
ETHICS DISCLOSURE STATEMENT**

ADDITIONAL SHEET ¹ OF ¹.

ADDITIONAL RESPONSE TO QUESTION ^{#5}

APPLICABLE TO: COUNCILLOR ☒ CANDIDATE ☐ SPOUSE ☐
DEPENDANT CHILD

PERSON, ENTITY OR ORGANIZATION IU Partnership for Violent Inj & Death

ADDRESS: Riley Hospital for Children - 702 Barnhill Drive

Indianapolis, IN 46202

ADDITIONAL RESPONSE TO QUESTION

APPLICABLE TO: COUNCILLOR ☐ CANDIDATE ☐ SPOUSE ☐
DEPENDANT CHILD

PERSON, ENTITY OR ORGANIZATION

ADDRESS:

ADDITIONAL RESPONSE TO QUESTION

APPLICABLE TO: COUNCILLOR ☐ CANDIDATE ☐ SPOUSE ☐
DEPENDANT CHILD

PERSON, ENTITY OR ORGANIZATION

ADDRESS:

[IF MORE SHEETS ARE NEEDED, DUPLICATE THIS PAGE]

**INDIANAPOLIS CITY-COUNTY COUNCIL
ETHICS DISCLOSURE STATEMENT**

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ALL QUESTIONS MUST BE ANSWERED COMPLETELY AND LEGIBLY

1. a. YOUR NAME Maggie A. Lewis
- b. YOUR RESIDENCE 4235 TRACE EDGE LN
- c. YOUR BUSINESS ADDRESS _____
2. a. DID YOU RECEIVE COMPENSATION FROM ANY EMPLOYERS IN THE PRIOR YEAR? YES ☒ NO ☐

IF YES, THE NAME AND ADDRESS OF ALL SUCH EMPLOYERS

EMPLOYER'S NAME Indian Criminal Justice Inst.

EMPLOYER'S ADDRESS 101 W Washington Street
Indianapolis, IN 46204-3441

[IF YOU HAD MORE THAN ONE EMPLOYER, USE ADDITIONAL SHEETS]

b. WERE YOU SELF-EMPLOYED? YES ☒ NO ☐

IF YES, THE NATURE OF SUCH BUSINESS AND THE NAME UNDER WHICH CONDUCTED:

NATURE OF THE BUSINESS Community Consultant

NAME UNDER WHICH SUCH BUSINESS WAS CONDUCTED Maggie A. Lewis

3. a. DURING THE PRIOR CALENDAR YEAR, DID YOUR SPOUSE RECEIVE COMPENSATION IN EXCESS OF \$5000.00 FROM AN EMPLOYER? YES ☒ NO ☐

IF YES, THE NAME AND ADDRESS OF SUCH EMPLOYER

EMPLOYER'S NAME Leroy Lewis

EMPLOYER'S ADDRESS Marion County Assessor

[IF YOUR SPOUSE WAS PAID \$5000.00 BY ADDITIONAL EMPLOYERS USE ADDITIONAL SHEETS]

b. DURING THE PRIOR CALENDAR YEAR, DID ANY OF YOUR DEPENDANT CHILDREN RECEIVE COMPENSATION IN EXCESS OF \$5000.00 FROM AN EMPLOYER? YES ☐ NO ☒

IF YES, THE NAME AND ADDRESS OF SUCH EMPLOYER

NAME OF DEPENDANT CHILD _____

EMPLOYER'S NAME _____

EMPLOYER'S ADDRESS _____

[IF YOUR DEPENDANT CHILDREN HAD OTHER EMPLOYERS WHO PAID THEM OVER \$5000.00 USE ADDITIONAL SHEETS]

4. DID YOU, YOUR SPOUSE OR ANY OF YOUR DEPENDANT CHILDREN EITHER
(1) SERVE AS AN OFFICER OF,
(2) OWN AN EQUITY INTEREST OR INTEREST IN THE EARNINGS OR PROFITS
THAT INDIVIDUALLY OR IN THE AGGREGATE EXCEEDS 10%, IN, OR
(3) DIRECTLY OR INDIRECTLY RECEIVE COMPENSATION, IN AGGREGATE IN
EXCESS OF \$5000.00 DURING THE PAST YEAR, FROM

IN ANY BUSINESS YEAR THAT DID BUSINESS WITH OR SOLICITED BUSINESS
WITH THE CITY OR COUNTY? YES ___ NO ☒

IF YES, THE NAME AND ADDRESSES OF SUCH BUSINESS ENTITIES

ENTITY'S NAME _____

ENTITY'S ADDRESS _____

*[IF YOU, YOUR SPOUSE OR DEPENDANT CHILDREN HAD OTHER ENTITIES THAT
MUST BE DISCLOSED ATTACH ADDITIONAL SHEETS]*

5. DID YOU, YOUR SPOUSE, OR ANY DEPENDANT CHILD SERVE AS AN OFFICER
OR BOARD MEMBER OF ANY ORGANIZATION THAT RECEIVED OR APPLIED
FOR FUNDING FROM THE CITY OR COUNTY? YES ___ NO ☒

IF YES, THE NAME AND ADDRESS OF SUCH ORGANIZATION OR
ORGANIZATIONS:

PERSON SERVING:

COUNCILLOR ___ SPOUSE ___ DEPENDANT CHILD _____

NAME OF ORGANIZATION _____

ADDRESS OF ORGANIZATION _____

*IF YOU, YOUR SPOUSE OR DEPENDANT CHILDREN HAD POSITIONS IN OTHER
ORGANIZATIONS THAT MUST BE DISCLOSED ATTACH ADDITIONAL SHEETS]*

6. EXCEPT FOR CAMPAIGN DONATIONS, SUBJECT TO IC 3-9-2 AND REPORTED IN ACCORDANCE WITH LAW OR GIFTS FROM PERSONS INCLUDING FAMILY MEMBERS WITH WHOM YOU HAVE AN ON-GOING SOCIAL RELATIONSHIP NOT RELATED TO SERVICE ON THE COUNCIL WHICH ARE NOT SUBJECT TO REPORTING ON THIS FORM, DID YOU RECEIVE ANY GIFTS, OR OTHER ITEMS, VALUED OVER \$100, OR IN THE AGGREGATE OVER \$250, IN THE PRIOR YEAR FROM ANY PERSON OR FIRM THAT DOES BUSINESS WITH OR SEEKS TO DO BUSINESS WITH THE CITY OR COUNTY OR WHICH SEEKS TO INFLUENCE COUNCIL ACTION? YES ☒ NO ☒

IF YES, LIST THE NAMES OF SUCH PERSONS OR FIRMS

Speedway → Indianapolis Motor Speedway 500 Race
Colts Games → Hunt Const. Colts Game → Nays
Fever Game → Consco Marketing Team

7. I ACKNOWLEDGE THAT IF ANY ITEMS REPORTED IN ITEMS 1 THROUGH 4 ABOVE CHANGE DURING THE YEAR I WILL UPDATE SUCH INFORMATION WITHIN 45 DAYS OF THE CHANGE.

IF THE SPACE PROVIDED ON THIS FORM IS INADEQUATE, ADDITIONAL SHEETS MAY BE USED TO PROVIDE THE ADDITIONAL INFORMATION. ARE YOU ATTACHING ADDITIONAL SHEETS? YES ☒ NO ☐

IF YES, HOW MANY ADDITIONAL SHEETS ARE ATTACHED? _____

I AFFIRM UNDER PENALTIES FOR PERJURY THAT MY STATEMENTS ARE TRUE AND ACCURATE TO THE BEST OF MY KNOWLEDGE.

Maggie A. Lewis
COUNCILLOR

1. 11. 10
DATE

SIGN, DATE AND RETURN TO: CLERK OF THE COUNCIL, 241 CITY-COUNTY BUILDING, INDIANAPOLIS, INDIANA, 46204.

**INDIANAPOLIS CITY-COUNTY COUNCIL
ETHICS DISCLOSURE STATEMENT**

ADDITIONAL SHEET ____ OF ____.

ADDITIONAL RESPONSE TO QUESTION _____

APPLICABLE TO: COUNCILLOR ☒ CANDIDATE ____ SPOUSE ____
DEPENDANT CHILD _____

PERSON, ENTITY OR ORGANIZATION Claohed Creek CDC

ADDRESS: 9101 N. Wesleyan Road, Suite 114
Indianapolis, IN 46268

ADDITIONAL RESPONSE TO QUESTION _____

APPLICABLE TO: COUNCILLOR ____ CANDIDATE ____ SPOUSE ____
DEPENDANT CHILD _____

PERSON, ENTITY OR ORGANIZATION _____

ADDRESS: _____

ADDITIONAL RESPONSE TO QUESTION _____

APPLICABLE TO: COUNCILLOR ____ CANDIDATE ____ SPOUSE ____
DEPENDANT CHILD _____

PERSON, ENTITY OR ORGANIZATION _____

ADDRESS: _____

[IF MORE SHEETS ARE NEEDED, DUPLICATE THIS PAGE]

**INDIANAPOLIS CITY-COUNTY COUNCIL
ETHICS DISCLOSURE STATEMENT**

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ALL QUESTIONS MUST BE ANSWERED COMPLETELY AND LEGIBLY

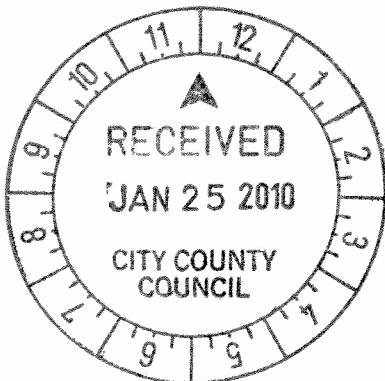
1. a. **YOUR NAME** Robert B. Lutz
- b. **YOUR RESIDENCE**
1156 Texarkana Dr.
Indianapolis IN 46231
- c. **YOUR BUSINESS ADDRESS**
5026 Crawfordsville Rd.
Speedway IN 46224
2. a. **DID YOU RECEIVE COMPENSATION FROM ANY EMPLOYERS IN THE PRIOR YEAR?** YES ☒ NO ☐

IF YES, THE NAME AND ADDRESS OF ALL SUCH EMPLOYERS

EMPLOYER'S NAME City of Indianapolis

EMPLOYER'S ADDRESS 200 E. Washington St.
Indianapolis IN 46204

[IF YOU HAD MORE THAN ONE EMPLOYER, USE ADDITIONAL SHEETS]



b. WERE YOU SELF-EMPLOYED? YES ☒ NO ☐

IF YES, THE NATURE OF SUCH BUSINESS AND THE NAME UNDER WHICH CONDUCTED:

NATURE OF THE BUSINESS Legal Services

NAME UNDER WHICH SUCH BUSINESS WAS CONDUCTED Robert B. Lutz - Attorney at Law

3. a. DURING THE PRIOR CALENDAR YEAR, DID YOUR SPOUSE RECEIVE COMPENSATION IN EXCESS OF \$5000.00 FROM AN EMPLOYER?
YES ☐ NO ☒

IF YES, THE NAME AND ADDRESS OF SUCH EMPLOYER

EMPLOYER'S NAME _____

EMPLOYER'S ADDRESS _____

[IF YOUR SPOUSE WAS PAID \$5000.00 BY ADDITIONAL EMPLOYERS USE ADDITIONAL SHEETS]

b. DURING THE PRIOR CALENDAR YEAR, DID ANY OF YOUR DEPENDANT CHILDREN RECEIVE COMPENSATION IN EXCESS OF \$5000.00 FROM AN EMPLOYER? YES ☐ NO ☒ no dependant children

IF YES, THE NAME AND ADDRESS OF SUCH EMPLOYER

NAME OF DEPENDANT CHILD _____

EMPLOYER'S NAME _____

EMPLOYER'S ADDRESS _____

[IF YOUR DEPENDANT CHILDREN HAD OTHER EMPLOYERS WHO PAID THEM OVER \$5000.00 USE ADDITIONAL SHEETS]

4. DID YOU, YOUR SPOUSE OR ANY OF YOUR DEPENDANT CHILDREN EITHER
(1) SERVE AS AN OFFICER OF,
(2) OWN AN EQUITY INTEREST OR INTEREST IN THE EARNINGS OR PROFITS
THAT INDIVIDUALLY OR IN THE AGGREGATE EXCEEDS 10%, IN, OR
(3) DIRECTLY OR INDIRECTLY RECEIVE COMPENSATION, IN AGGREGATE IN
EXCESS OF \$5000.00 DURING THE PAST YEAR, FROM

IN ANY BUSINESS YEAR THAT DID BUSINESS WITH OR SOLICITED BUSINESS
WITH THE CITY OR COUNTY? YES ☒ NO ☐

IF YES, THE NAME AND ADDRESSES OF SUCH BUSINESS ENTITIES

ENTITY'S NAME Zores Inc.

ENTITY'S ADDRESS 1300 N. Mickey
Indianapolis In.

*[IF YOU, YOUR SPOUSE OR DEPENDANT CHILDREN HAD OTHER ENTITIES THAT
MUST BE DISCLOSED ATTACH ADDITIONAL SHEETS]*

5. DID YOU, YOUR SPOUSE, OR ANY DEPENDANT CHILD SERVE AS AN OFFICER
OR BOARD MEMBER OF ANY ORGANIZATION THAT RECEIVED OR APPLIED
FOR FUNDING FROM THE CITY OR COUNTY? YES ☐ NO ☒

IF YES, THE NAME AND ADDRESS OF SUCH ORGANIZATION OR
ORGANIZATIONS:

PERSON SERVING:

COUNCILLOR ☐ SPOUSE ☐ DEPENDANT CHILD ☐

NAME OF ORGANIZATION _____

ADDRESS OF ORGANIZATION _____

*IF YOU, YOUR SPOUSE OR DEPENDANT CHILDREN HAD POSITIONS IN OTHER
ORGANIZATIONS THAT MUST BE DISCLOSED ATTACH ADDITIONAL SHEETS]*

6. EXCEPT FOR CAMPAIGN DONATIONS, SUBJECT TO IC 3-9-2 AND REPORTED IN ACCORDANCE WITH LAW OR GIFTS FROM PERSONS INCLUDING FAMILY MEMBERS WITH WHOM YOU HAVE AN ON-GOING SOCIAL RELATIONSHIP NOT RELATED TO SERVICE ON THE COUNCIL WHICH ARE NOT SUBJECT TO REPORTING ON THIS FORM, DID YOU RECEIVE ANY GIFTS, OR OTHER ITEMS, VALUED OVER \$100, OR IN THE AGGREGATE OVER \$250, IN THE PRIOR YEAR FROM ANY PERSON OR FIRM THAT DOES BUSINESS WITH OR SEEKS TO DO BUSINESS WITH THE CITY OR COUNTY OR WHICH SEEKS TO INFLUENCE COUNCIL ACTION? YES ☒ NO ☐

IF YES, LIST THE NAMES OF SUCH PERSONS OR FIRMS

Indianapolis Motor Speedway; Indianapolis Power & Light Co.; Citizens Energy Group; Indianapolis Colts; Short Strategies.

7. I ACKNOWLEDGE THAT IF ANY ITEMS REPORTED IN ITEMS 1 THROUGH 4 ABOVE CHANGE DURING THE YEAR I WILL UPDATE SUCH INFORMATION WITHIN 45 DAYS OF THE CHANGE.

IF THE SPACE PROVIDED ON THIS FORM IS INADEQUATE, ADDITIONAL SHEETS MAY BE USED TO PROVIDE THE ADDITIONAL INFORMATION. ARE YOU ATTACHING ADDITIONAL SHEETS? YES ☐ NO ☒

IF YES, HOW MANY ADDITIONAL SHEETS ARE ATTACHED? 0

I AFFIRM UNDER PENALTIES FOR PERJURY THAT MY STATEMENTS ARE TRUE AND ACCURATE TO THE BEST OF MY KNOWLEDGE.


COUNCILLOR

1/25/10
DATE

SIGN, DATE AND RETURN TO: CLERK OF THE COUNCIL, 241 CITY-COUNTY BUILDING, INDIANAPOLIS, INDIANA, 46204.

**INDIANAPOLIS CITY-COUNTY COUNCIL
ETHICS DISCLOSURE STATEMENT**

ADDITIONAL SHEET ____ OF ____.

ADDITIONAL RESPONSE TO QUESTION _____

APPLICABLE TO: COUNCILLOR ____ CANDIDATE ____ SPOUSE ____
DEPENDANT CHILD _____

PERSON, ENTITY OR ORGANIZATION _____

ADDRESS: _____

ADDITIONAL RESPONSE TO QUESTION _____

APPLICABLE TO: COUNCILLOR ____ CANDIDATE ____ SPOUSE ____
DEPENDANT CHILD _____

PERSON, ENTITY OR ORGANIZATION _____

ADDRESS: _____

ADDITIONAL RESPONSE TO QUESTION _____

APPLICABLE TO: COUNCILLOR ____ CANDIDATE ____ SPOUSE ____
DEPENDANT CHILD _____

PERSON, ENTITY OR ORGANIZATION _____

ADDRESS: _____

[IF MORE SHEETS ARE NEEDED, DUPLICATE THIS PAGE]

**INDIANAPOLIS CITY-COUNTY COUNCIL
ETHICS DISCLOSURE STATEMENT**

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ALL QUESTIONS MUST BE ANSWERED COMPLETELY AND LEGIBLY

1. a. YOUR NAME BRIAN MAHERN
- b. YOUR RESIDENCE 1415 LEXINGTON AVE
- c. YOUR BUSINESS ADDRESS 11111
2. a. DID YOU RECEIVE COMPENSATION FROM ANY EMPLOYERS IN THE PRIOR YEAR? YES ☒ NO ☐

IF YES, THE NAME AND ADDRESS OF ALL SUCH EMPLOYERS

EMPLOYER'S NAME STATE OF INDIANA

EMPLOYER'S ADDRESS 101 W. WASHINGTON ST
SUITE 1500 E. 46201

[IF YOU HAD MORE THAN ONE EMPLOYER, USE ADDITIONAL SHEETS]

b. WERE YOU SELF-EMPLOYED? YES ___ NO ☒

IF YES, THE NATURE OF SUCH BUSINESS AND THE NAME UNDER WHICH CONDUCTED:

NATURE OF THE BUSINESS _____

NAME UNDER WHICH SUCH BUSINESS WAS CONDUCTED _____

3. a. DURING THE PRIOR CALENDAR YEAR, DID YOUR SPOUSE RECEIVE COMPENSATION IN EXCESS OF \$5000.00 FROM AN EMPLOYER? YES ___ NO ☒

IF YES, THE NAME AND ADDRESS OF SUCH EMPLOYER

EMPLOYER'S NAME _____

EMPLOYER'S ADDRESS _____

[IF YOUR SPOUSE WAS PAID \$5000.00 BY ADDITIONAL EMPLOYERS USE ADDITIONAL SHEETS]

b. DURING THE PRIOR CALENDAR YEAR, DID ANY OF YOUR DEPENDANT CHILDREN RECEIVE COMPENSATION IN EXCESS OF \$5000.00 FROM AN EMPLOYER? YES ___ NO ☒

IF YES, THE NAME AND ADDRESS OF SUCH EMPLOYER

NAME OF DEPENDANT CHILD _____

EMPLOYER'S NAME _____

EMPLOYER'S ADDRESS _____

[IF YOUR DEPENDANT CHILDREN HAD OTHER EMPLOYERS WHO PAID THEM OVER \$5000.00 USE ADDITIONAL SHEETS]

4. DID YOU, YOUR SPOUSE OR ANY OF YOUR DEPENDANT CHILDREN EITHER
(1) SERVE AS AN OFFICER OF,
(2) OWN AN EQUITY INTEREST OR INTEREST IN THE EARNINGS OR PROFITS
THAT INDIVIDUALLY OR IN THE AGGREGATE EXCEEDS 10%, IN, OR
(3) DIRECTLY OR INDIRECTLY RECEIVE COMPENSATION, IN AGGREGATE IN
EXCESS OF \$5000.00 DURING THE PAST YEAR, FROM

IN ANY BUSINESS YEAR THAT DID BUSINESS WITH OR SOLICITED BUSINESS
WITH THE CITY OR COUNTY? YES ___ NO X

IF YES, THE NAME AND ADDRESSES OF SUCH BUSINESS ENTITIES

ENTITY'S NAME _____

ENTITY'S ADDRESS _____

*[IF YOU, YOUR SPOUSE OR DEPENDANT CHILDREN HAD OTHER ENTITIES THAT
MUST BE DISCLOSED ATTACH ADDITIONAL SHEETS]*

5. DID YOU, YOUR SPOUSE, OR ANY DEPENDANT CHILD SERVE AS AN OFFICER
OR BOARD MEMBER OF ANY ORGANIZATION THAT RECEIVED OR APPLIED
FOR FUNDING FROM THE CITY OR COUNTY? YES ___ NO X

IF YES, THE NAME AND ADDRESS OF SUCH ORGANIZATION OR
ORGANIZATIONS:

PERSON SERVING:

COUNCILLOR ___ SPOUSE ___ DEPENDANT CHILD _____

NAME OF ORGANIZATION _____

ADDRESS OF ORGANIZATION _____

*IF YOU, YOUR SPOUSE OR DEPENDANT CHILDREN HAD POSITIONS IN OTHER
ORGANIZATIONS THAT MUST BE DISCLOSED ATTACH ADDITIONAL SHEETS]*

6. EXCEPT FOR CAMPAIGN DONATIONS, SUBJECT TO IC 3-9-2 AND REPORTED IN ACCORDANCE WITH LAW OR GIFTS FROM PERSONS INCLUDING FAMILY MEMBERS WITH WHOM YOU HAVE AN ON-GOING SOCIAL RELATIONSHIP NOT RELATED TO SERVICE ON THE COUNCIL WHICH ARE NOT SUBJECT TO REPORTING ON THIS FORM, DID YOU RECEIVE ANY GIFTS, OR OTHER ITEMS, VALUED OVER \$100, OR IN THE AGGREGATE OVER \$250, IN THE PRIOR YEAR FROM ANY PERSON OR FIRM THAT DOES BUSINESS WITH OR SEEKS TO DO BUSINESS WITH THE CITY OR COUNTY OR WHICH SEEKS TO INFLUENCE COUNCIL ACTION? YES ___ NO ___

IF YES, LIST THE NAMES OF SUCH PERSONS OR FIRMS

INDIANAPOLIS MOTOR SPEEDWAY
HUNT CONSTRUCTION

7. I ACKNOWLEDGE THAT IF ANY ITEMS REPORTED IN ITEMS 1 THROUGH 4 ABOVE CHANGE DURING THE YEAR I WILL UPDATE SUCH INFORMATION WITHIN 45 DAYS OF THE CHANGE.

IF THE SPACE PROVIDED ON THIS FORM IS INADEQUATE, ADDITIONAL SHEETS MAY BE USED TO PROVIDE THE ADDITIONAL INFORMATION. ARE YOU ATTACHING ADDITIONAL SHEETS? YES ___ NO ☒
IF YES, HOW MANY ADDITIONAL SHEETS ARE ATTACHED? _____

I AFFIRM UNDER PENALTIES FOR PERJURY THAT MY STATEMENTS ARE TRUE AND ACCURATE TO THE BEST OF MY KNOWLEDGE.

Quinn Mahan
COUNCILLOR

1/11/09
DATE

SIGN, DATE AND RETURN TO: CLERK OF THE COUNCIL, 241 CITY-COUNTY BUILDING, INDIANAPOLIS, INDIANA, 46204.

**INDIANAPOLIS CITY-COUNTY COUNCIL
ETHICS DISCLOSURE STATEMENT**

ADDITIONAL SHEET ____ OF ____.

ADDITIONAL RESPONSE TO QUESTION _____

APPLICABLE TO: COUNCILLOR ____ CANDIDATE ____ SPOUSE ____
DEPENDANT CHILD _____

PERSON, ENTITY OR ORGANIZATION _____

ADDRESS: _____

ADDITIONAL RESPONSE TO QUESTION _____

APPLICABLE TO: COUNCILLOR ____ CANDIDATE ____ SPOUSE ____
DEPENDANT CHILD _____

PERSON, ENTITY OR ORGANIZATION _____

ADDRESS: _____

ADDITIONAL RESPONSE TO QUESTION _____

APPLICABLE TO: COUNCILLOR ____ CANDIDATE ____ SPOUSE ____
DEPENDANT CHILD _____

PERSON, ENTITY OR ORGANIZATION _____

ADDRESS: _____

[IF MORE SHEETS ARE NEEDED, DUPLICATE THIS PAGE]

**INDIANAPOLIS CITY-COUNTY COUNCIL
ETHICS DISCLOSURE STATEMENT**

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ALL QUESTIONS MUST BE ANSWERED COMPLETELY AND LEGIBLY

1. a. **YOUR NAME** Dane Mahern
- b. **YOUR RESIDENCE**
 2313 S. Garfield Dr. Indianapolis IN. 46203
- c. **YOUR BUSINESS ADDRESS**
 200 E. Washington St.
 Indpls. IN. 46204
2. a. **DID YOU RECEIVE COMPENSATION FROM ANY EMPLOYERS IN THE
 PRIOR YEAR? YES ☒ NO ☐**

IF YES, THE NAME AND ADDRESS OF ALL SUCH EMPLOYERS

EMPLOYER'S NAME City of Indianapolis

EMPLOYER'S ADDRESS 200 E. Washington St.

[IF YOU HAD MORE THAN ONE EMPLOYER, USE ADDITIONAL SHEETS]

b. WERE YOU SELF-EMPLOYED? YES ☐ NO ☒

IF YES, THE NATURE OF SUCH BUSINESS AND THE NAME UNDER WHICH CONDUCTED:

NATURE OF THE BUSINESS _____

NAME UNDER WHICH SUCH BUSINESS WAS CONDUCTED _____

3. a. DURING THE PRIOR CALENDAR YEAR, DID YOUR SPOUSE RECEIVE COMPENSATION IN EXCESS OF \$5000.00 FROM AN EMPLOYER?
YES ☒ NO ☐

IF YES, THE NAME AND ADDRESS OF SUCH EMPLOYER

EMPLOYER'S NAME Dave & Busters

EMPLOYER'S ADDRESS 8350 Castleton Corner Dr.
Indpls IN. 46250

[IF YOUR SPOUSE WAS PAID \$5000.00 BY ADDITIONAL EMPLOYERS USE ADDITIONAL SHEETS]

b. DURING THE PRIOR CALENDAR YEAR, DID ANY OF YOUR DEPENDANT CHILDREN RECEIVE COMPENSATION IN EXCESS OF \$5000.00 FROM AN EMPLOYER? YES ☐ NO ☒

IF YES, THE NAME AND ADDRESS OF SUCH EMPLOYER

NAME OF DEPENDANT CHILD _____

EMPLOYER'S NAME _____

EMPLOYER'S ADDRESS _____

[IF YOUR DEPENDANT CHILDREN HAD OTHER EMPLOYERS WHO PAID THEM OVER \$5000.00 USE ADDITIONAL SHEETS]

4. DID YOU, YOUR SPOUSE OR ANY OF YOUR DEPENDANT CHILDREN EITHER
- (1) SERVE AS AN OFFICER OF,
 - (2) OWN AN EQUITY INTEREST OR INTEREST IN THE EARNINGS OR PROFITS THAT INDIVIDUALLY OR IN THE AGGREGATE EXCEEDS 10%, IN, OR
 - (3) DIRECTLY OR INDIRECTLY RECEIVE COMPENSATION, IN AGGREGATE IN EXCESS OF \$5000.00 DURING THE PAST YEAR, FROM

IN ANY BUSINESS YEAR THAT DID BUSINESS WITH OR SOLICITED BUSINESS WITH THE CITY OR COUNTY? YES ___ NO X

IF YES, THE NAME AND ADDRESSES OF SUCH BUSINESS ENTITIES

ENTITY'S NAME _____

ENTITY'S ADDRESS _____

[IF YOU, YOUR SPOUSE OR DEPENDANT CHILDREN HAD OTHER ENTITIES THAT MUST BE DISCLOSED ATTACH ADDITIONAL SHEETS]

5. DID YOU, YOUR SPOUSE, OR ANY DEPENDANT CHILD SERVE AS AN OFFICER OR BOARD MEMBER OF ANY ORGANIZATION THAT RECEIVED OR APPLIED FOR FUNDING FROM THE CITY OR COUNTY? YES ___ NO X

IF YES, THE NAME AND ADDRESS OF SUCH ORGANIZATION OR ORGANIZATIONS:

PERSON SERVING:

COUNCILLOR ___ SPOUSE ___ DEPENDANT CHILD _____

NAME OF ORGANIZATION _____

ADDRESS OF ORGANIZATION _____

IF YOU, YOUR SPOUSE OR DEPENDANT CHILDREN HAD POSITIONS IN OTHER ORGANIZATIONS THAT MUST BE DISCLOSED ATTACH ADDITIONAL SHEETS]

6. EXCEPT FOR CAMPAIGN DONATIONS , SUBJECT TO IC 3-9-2 AND REPORTED IN ACCORDANCE WITH LAW OR GIFTS FROM PERSONS INCLUDING FAMILY MEMBERS WITH WHOM YOU HAVE AN ON-GOING SOCIAL RELATIONSHIP NOT RELATED TO SERVICE ON THE COUNCIL WHICH ARE NOT SUBJECT TO REPORTING ON THIS FORM, DID YOU RECEIVE ANY GIFTS, OR OTHER ITEMS, VALUED OVER \$100, OR IN THE AGGREGATE OVER \$250, IN THE PRIOR YEAR FROM ANY PERSON OR FIRM THAT DOES BUSINESS WITH OR SEEKS TO DO BUSINESS WITH THE CITY OR COUNTY OR WHICH SEEKS TO INFLUENCE COUNCIL ACTION? YES ☒ NO ☒

IF YES, LIST THE NAMES OF SUCH PERSONS OR FIRMS

Colts game (Hunt Construction)

7. I ACKNOWLEDGE THAT IF ANY ITEMS REPORTED IN ITEMS 1 THROUGH 4 ABOVE CHANGE DURING THE YEAR I WILL UPDATE SUCH INFORMATION WITHIN 45 DAYS OF THE CHANGE.

IF THE SPACE PROVIDED ON THIS FORM IS INADEQUATE, ADDITIONAL SHEETS MAY BE USED TO PROVIDE THE ADDITIONAL INFORMATION. ARE YOU ATTACHING ADDITIONAL SHEETS? YES ☐ NO ☒
IF YES, HOW MANY ADDITIONAL SHEETS ARE ATTACHED? _____

I AFFIRM UNDER PENALTIES FOR PERJURY THAT MY STATEMENTS ARE TRUE AND ACCURATE TO THE BEST OF MY KNOWLEDGE.

Dore Mahern
COUNCILLOR

1/11/2010
DATE

SIGN, DATE AND RETURN TO: CLERK OF THE COUNCIL, 241 CITY-COUNTY BUILDING, INDIANAPOLIS, INDIANA, 46204.

**INDIANAPOLIS CITY-COUNTY COUNCIL
ETHICS DISCLOSURE STATEMENT**

ADDITIONAL SHEET ____ OF ____.

ADDITIONAL RESPONSE TO QUESTION _____

APPLICABLE TO: COUNCILLOR ____ CANDIDATE ____ SPOUSE ____
DEPENDANT CHILD _____

PERSON, ENTITY OR ORGANIZATION _____

ADDRESS: _____

ADDITIONAL RESPONSE TO QUESTION _____

APPLICABLE TO: COUNCILLOR ____ CANDIDATE ____ SPOUSE ____
DEPENDANT CHILD _____

PERSON, ENTITY OR ORGANIZATION _____

ADDRESS: _____

ADDITIONAL RESPONSE TO QUESTION _____

APPLICABLE TO: COUNCILLOR ____ CANDIDATE ____ SPOUSE ____
DEPENDANT CHILD _____

PERSON, ENTITY OR ORGANIZATION _____

ADDRESS: _____

[IF MORE SHEETS ARE NEEDED, DUPLICATE THIS PAGE]

**INDIANAPOLIS CITY-COUNTY COUNCIL
ETHICS DISCLOSURE STATEMENT**

Sec. 151-1123 of the Revised Code of the Consolidated City and County requires all Councillors and any declared candidate for City-County Council to file this statement. For the year 2009, the statement is due July 1, 2009. Thereafter, the statement is due February 1 or within 30 days of taking office. Candidates are required to file before or at the same time as filing a candidate's declaration or petition.

Failure to file this form in a timely manner may subject the councillor or candidate to sanctions by the Ethics Committee of the City-County Council.

ALL QUESTIONS MUST BE ANSWERED COMPLETELY AND LEGIBLY

1. a. **YOUR NAME** Barbara Malone
b. **YOUR RESIDENCE** 6953 Bretton Wood Dr, Indpls IN 46268
c. **YOUR BUSINESS ADDRESS** Ammeen + Associates
155 E. Market St, Suite 860
Indpls IN 46204
2. a. **DID YOU RECEIVE COMPENSATION FROM ANY EMPLOYERS IN THE PRIOR YEAR?** YES ☒ NO ☐

IF YES, THE NAME AND ADDRESS OF ALL SUCH EMPLOYERS

EMPLOYER'S NAME State of Indiana

EMPLOYER'S ADDRESS 100 N. Senate Ave
Indpls IN 46204

[IF YOU HAD MORE THAN ONE EMPLOYER, USE ADDITIONAL SHEETS]

b. WERE YOU SELF-EMPLOYED? YES ___ NO X

IF YES, THE NATURE OF SUCH BUSINESS AND THE NAME UNDER WHICH CONDUCTED:

NATURE OF THE BUSINESS _____

NAME UNDER WHICH SUCH BUSINESS WAS CONDUCTED _____

3. a. **DURING THE PRIOR CALENDAR YEAR, DID YOUR SPOUSE RECEIVE COMPENSATION IN EXCESS OF \$5000.00 FROM AN EMPLOYER?**
YES ___ NO ___

IF YES, THE NAME AND ADDRESS OF SUCH EMPLOYER

EMPLOYER'S NAME _____

EMPLOYER'S ADDRESS _____

[IF YOUR SPOUSE WAS PAID \$5000.00 BY ADDITIONAL EMPLOYERS USE ADDITIONAL SHEETS]

b. **DURING THE PRIOR CALENDAR YEAR, DID ANY OF YOUR DEPENDANT CHILDREN RECEIVE COMPENSATION IN EXCESS OF \$5000.00 FROM AN EMPLOYER?** YES ___ NO ___

IF YES, THE NAME AND ADDRESS OF SUCH EMPLOYER

NAME OF DEPENDANT CHILD _____

EMPLOYER'S NAME _____

EMPLOYER'S ADDRESS _____

[IF YOUR DEPENDANT CHILDREN HAD OTHER EMPLOYERS WHO PAID THEM OVER \$5000.00 USE ADDITIONAL SHEETS]

4. DID YOU, YOUR SPOUSE OR ANY OF YOUR DEPENDANT CHILDREN EITHER
(1) SERVE AS AN OFFICER OF, NO
(2) OWN AN EQUITY INTEREST OR INTEREST IN THE EARNINGS OR PROFITS
THAT INDIVIDUALLY OR IN THE AGGREGATE EXCEEDS 10%, IN, OR
(3) DIRECTLY OR INDIRECTLY RECEIVE COMPENSATION, IN AGGREGATE IN
EXCESS OF \$5000.00 DURING THE PAST YEAR, FROM

IN ANY BUSINESS YEAR THAT DID BUSINESS WITH OR SOLICITED BUSINESS
WITH THE CITY OR COUNTY? YES ___ NO X

IF YES, THE NAME AND ADDRESSES OF SUCH BUSINESS ENTITIES

ENTITY'S NAME _____

ENTITY'S ADDRESS _____

*[IF YOU, YOUR SPOUSE OR DEPENDANT CHILDREN HAD OTHER ENTITIES THAT
MUST BE DISCLOSED ATTACH ADDITIONAL SHEETS]*

5. DID YOU, YOUR SPOUSE, OR ANY DEPENDANT CHILD SERVE AS AN OFFICER
OR BOARD MEMBER OF ANY ORGANIZATION THAT RECEIVED OR APPLIED
FOR FUNDING FROM THE CITY OR COUNTY? YES ___ NO X

IF YES, THE NAME AND ADDRESS OF SUCH ORGANIZATION OR
ORGANIZATIONS:

PERSON SERVING:

COUNCILLOR ___ SPOUSE ___ DEPENDANT CHILD _____

NAME OF ORGANIZATION _____

ADDRESS OF ORGANIZATION _____

*IF YOU, YOUR SPOUSE OR DEPENDANT CHILDREN HAD POSITIONS IN OTHER
ORGANIZATIONS THAT MUST BE DISCLOSED ATTACH ADDITIONAL SHEETS]*

6. EXCEPT FOR CAMPAIGN DONATIONS, SUBJECT TO IC 3-9-2 AND REPORTED IN ACCORDANCE WITH LAW OR GIFTS FROM PERSONS INCLUDING FAMILY MEMBERS WITH WHOM YOU HAVE AN ON-GOING SOCIAL RELATIONSHIP NOT RELATED TO SERVICE ON THE COUNCIL WHICH ARE NOT SUBJECT TO REPORTING ON THIS FORM, DID YOU RECEIVE ANY GIFTS, OR OTHER ITEMS, VALUED OVER \$100, OR IN THE AGGREGATE OVER \$250, IN THE PRIOR YEAR FROM ANY PERSON OR FIRM THAT DOES BUSINESS WITH OR SEEKS TO DO BUSINESS WITH THE CITY OR COUNTY OR WHICH SEEKS TO INFLUENCE COUNCIL ACTION? YES ___ NO X

IF YES, LIST THE NAMES OF SUCH PERSONS OR FIRMS

7. I ACKNOWLEDGE THAT IF ANY ITEMS REPORTED IN ITEMS 1 THROUGH 4 ABOVE CHANGE DURING THE YEAR I WILL UPDATE SUCH INFORMATION WITHIN 45 DAYS OF THE CHANGE.

IF THE SPACE PROVIDED ON THIS FORM IS INADEQUATE, ADDITIONAL SHEETS MAY BE USED TO PROVIDE THE ADDITIONAL INFORMATION. ARE YOU ATTACHING ADDITIONAL SHEETS? YES ___ NO X

IF YES, HOW MANY ADDITIONAL SHEETS ARE ATTACHED? _____

I AFFIRM UNDER PENALTIES FOR PERJURY THAT MY STATEMENTS ARE TRUE AND ACCURATE TO THE BEST OF MY KNOWLEDGE.

Barbara Malone
COUNCILLOR

2/1/10
DATE

SIGN, DATE AND RETURN TO: CLERK OF THE COUNCIL, 241 CITY-COUNTY BUILDING, INDIANAPOLIS, INDIANA, 46204.

**INDIANAPOLIS CITY-COUNTY COUNCIL
ETHICS DISCLOSURE STATEMENT**

ADDITIONAL SHEET ____ OF ____.

ADDITIONAL RESPONSE TO QUESTION _____

APPLICABLE TO: COUNCILLOR ____ CANDIDATE ____ SPOUSE ____
DEPENDANT CHILD _____

PERSON, ENTITY OR ORGANIZATION _____

ADDRESS: _____

ADDITIONAL RESPONSE TO QUESTION _____

APPLICABLE TO: COUNCILLOR ____ CANDIDATE ____ SPOUSE ____
DEPENDANT CHILD _____

PERSON, ENTITY OR ORGANIZATION _____

ADDRESS: _____

ADDITIONAL RESPONSE TO QUESTION _____

APPLICABLE TO: COUNCILLOR ____ CANDIDATE ____ SPOUSE ____
DEPENDANT CHILD _____

PERSON, ENTITY OR ORGANIZATION _____

ADDRESS: _____

[IF MORE SHEETS ARE NEEDED, DUPLICATE THIS PAGE]

**INDIANAPOLIS CITY-COUNTY COUNCIL
ETHICS DISCLOSURE STATEMENT**

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Failure to file this form in a timely manner may subject the councillor or candidate to sanctions by the Ethics Committee of the City-County Council.

ALL QUESTIONS MUST BE ANSWERED COMPLETELY AND LEGIBLY

1. a. YOUR NAME Margie L. Mansfield
- b. YOUR RESIDENCE 7126 Thicket Springs Court 46266
- c. YOUR BUSINESS ADDRESS 8446 Alton Pointe Blvd Suite 100
Indpls 46266
2. a. DID YOU RECEIVE COMPENSATION FROM ANY EMPLOYERS IN THE PRIOR YEAR? YES ☒ NO ☐

IF YES, THE NAME AND ADDRESS OF ALL SUCH EMPLOYERS

EMPLOYER'S NAME Fullerton M. M. Ben + Assoc.

EMPLOYER'S ADDRESS 8446 Alton Pointe Blvd Suite 100
Indpls 46266

[IF YOU HAD MORE THAN ONE EMPLOYER, USE ADDITIONAL SHEETS]

b. WERE YOU SELF-EMPLOYED? YES ___ NO ✓

IF YES, THE NATURE OF SUCH BUSINESS AND THE NAME UNDER WHICH CONDUCTED:

NATURE OF THE BUSINESS _____

NAME UNDER WHICH SUCH BUSINESS WAS CONDUCTED _____

3. a. DURING THE PRIOR CALENDAR YEAR, DID YOUR SPOUSE RECEIVE COMPENSATION IN EXCESS OF \$5000.00 FROM AN EMPLOYER?

YES ___ NO ✓

IF YES, THE NAME AND ADDRESS OF SUCH EMPLOYER

EMPLOYER'S NAME _____

EMPLOYER'S ADDRESS _____

[IF YOUR SPOUSE WAS PAID \$5000.00 BY ADDITIONAL EMPLOYERS USE ADDITIONAL SHEETS]

b. DURING THE PRIOR CALENDAR YEAR, DID ANY OF YOUR DEPENDANT CHILDREN RECEIVE COMPENSATION IN EXCESS OF \$5000.00 FROM AN EMPLOYER? YES _____ NO ✓

IF YES, THE NAME AND ADDRESS OF SUCH EMPLOYER

NAME OF DEPENDANT CHILD _____

EMPLOYER'S NAME _____

EMPLOYER'S ADDRESS _____

[IF YOUR DEPENDANT CHILDREN HAD OTHER EMPLOYERS WHO PAID THEM OVER \$5000.00 USE ADDITIONAL SHEETS]

4. DID YOU, YOUR SPOUSE OR ANY OF YOUR DEPENDANT CHILDREN EITHER 12/1/03
(1) SERVE AS AN OFFICER OF,
(2) OWN AN EQUITY INTEREST OR INTEREST IN THE EARNINGS OR PROFITS
THAT INDIVIDUALLY OR IN THE AGGREGATE EXCEEDS 10%, IN, OR
(3) DIRECTLY OR INDIRECTLY RECEIVE COMPENSATION, IN AGGREGATE IN
EXCESS OF \$5000.00 DURING THE PAST YEAR, FROM

IN ANY BUSINESS YEAR THAT DID BUSINESS WITH OR SOLICITED BUSINESS
WITH THE CITY OR COUNTY? YES ___ NO /

IF YES, THE NAME AND ADDRESSES OF SUCH BUSINESS ENTITIES

ENTITY'S NAME _____

ENTITY'S ADDRESS _____

*[IF YOU, YOUR SPOUSE OR DEPENDANT CHILDREN HAD OTHER ENTITIES THAT
MUST BE DISCLOSED ATTACH ADDITIONAL SHEETS]*

5. DID YOU, YOUR SPOUSE, OR ANY DEPENDANT CHILD SERVE AS AN OFFICER
OR BOARD MEMBER OF ANY ORGANIZATION THAT RECEIVED OR APPLIED
FOR FUNDING FROM THE CITY OR COUNTY? YES ___ NO /

IF YES, THE NAME AND ADDRESS OF SUCH ORGANIZATION OR
ORGANIZATIONS:

PERSON SERVING:

COUNCILLOR ___ SPOUSE _____ DEPENDANT CHILD _____

NAME OF ORGANIZATION _____

ADDRESS OF ORGANIZATION _____

*IF YOU, YOUR SPOUSE OR DEPENDANT CHILDREN HAD POSITIONS IN OTHER
ORGANIZATIONS THAT MUST BE DISCLOSED ATTACH ADDITIONAL SHEETS]*

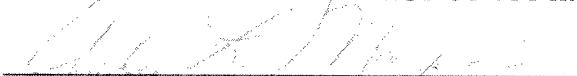
6. EXCEPT FOR CAMPAIGN DONATIONS, SUBJECT TO IC 3-9-2 AND REPORTED IN ACCORDANCE WITH LAW OR GIFTS FROM PERSONS INCLUDING FAMILY MEMBERS WITH WHOM YOU HAVE AN ON-GOING SOCIAL RELATIONSHIP NOT RELATED TO SERVICE ON THE COUNCIL WHICH ARE NOT SUBJECT TO REPORTING ON THIS FORM, DID YOU RECEIVE ANY GIFTS, OR OTHER ITEMS, VALUED OVER \$100, OR IN THE AGGREGATE OVER \$250, IN THE PRIOR YEAR FROM ANY PERSON OR FIRM THAT DOES BUSINESS WITH OR SEEKS TO DO BUSINESS WITH THE CITY OR COUNTY OR WHICH SEEKS TO INFLUENCE COUNCIL ACTION? YES ☐ NO ☒

IF YES, LIST THE NAMES OF SUCH PERSONS OR FIRMS

7. I ACKNOWLEDGE THAT IF ANY ITEMS REPORTED IN ITEMS 1 THROUGH 4 ABOVE CHANGE DURING THE YEAR I WILL UPDATE SUCH INFORMATION WITHIN 45 DAYS OF THE CHANGE.

IF THE SPACE PROVIDED ON THIS FORM IS INADEQUATE, ADDITIONAL SHEETS MAY BE USED TO PROVIDE THE ADDITIONAL INFORMATION. ARE YOU ATTACHING ADDITIONAL SHEETS? YES ☐ NO ☒
IF YES, HOW MANY ADDITIONAL SHEETS ARE ATTACHED? _____

I AFFIRM UNDER PENALTIES FOR PERJURY THAT MY STATEMENTS ARE TRUE AND ACCURATE TO THE BEST OF MY KNOWLEDGE.


COUNCILLOR

1-8-2012
DATE

SIGN, DATE AND RETURN TO: CLERK OF THE COUNCIL, 241 CITY-COUNTY BUILDING, INDIANAPOLIS, INDIANA, 46204.

**INDIANAPOLIS CITY-COUNTY COUNCIL
ETHICS DISCLOSURE STATEMENT**

Sec. 151-1123 of the Revised Code of the Consolidated City and County requires all Councillors and any declared candidate for City-County Council to file this statement. For the year 2009, the statement is due July 1, 2009. Thereafter, the statement is due February 1 or within 30 days of taking office. Candidates are required to file before or at the same time as filing a candidate's declaration or petition.

Failure to file this form in a timely manner may subject the councillor or candidate to sanctions by the Ethics Committee of the City-County Council.

ALL QUESTIONS MUST BE ANSWERED COMPLETELY AND LEGIBLY

1. a. **YOUR NAME** Janice Rae McHenry
 b. **YOUR RESIDENCE**
 7641 Torbay Circle
 c. **YOUR BUSINESS ADDRESS**
 Home

2. a. **DID YOU RECEIVE COMPENSATION FROM ANY EMPLOYERS IN THE
PRIOR YEAR? YES ☐ NO ☒** Retired

IF YES, THE NAME AND ADDRESS OF ALL SUCH EMPLOYERS

EMPLOYER'S NAME _____

EMPLOYER'S ADDRESS _____

[IF YOU HAD MORE THAN ONE EMPLOYER, USE ADDITIONAL SHEETS]

b. WERE YOU SELF-EMPLOYED? YES ___ NO ☒

IF YES, THE NATURE OF SUCH BUSINESS AND THE NAME UNDER WHICH CONDUCTED:

NATURE OF THE BUSINESS _____

NAME UNDER WHICH SUCH BUSINESS WAS CONDUCTED _____

3. a. DURING THE PRIOR CALENDAR YEAR, DID YOUR SPOUSE RECEIVE COMPENSATION IN EXCESS OF \$5000.00 FROM AN EMPLOYER?
YES ☒ NO ___

IF YES, THE NAME AND ADDRESS OF SUCH EMPLOYER

EMPLOYER'S NAME Sears Holding Corp.

EMPLOYER'S ADDRESS 3333 Beverly Rd.
Hoffman Estates, IL 60179
(7425 E. Washington St.; Indianapolis, IN 46219)

[IF YOUR SPOUSE WAS PAID \$5000.00 BY ADDITIONAL EMPLOYERS USE ADDITIONAL SHEETS]

b. DURING THE PRIOR CALENDAR YEAR, DID ANY OF YOUR DEPENDANT CHILDREN RECEIVE COMPENSATION IN EXCESS OF \$5000.00 FROM AN EMPLOYER? YES ___ NO ___

IF YES, THE NAME AND ADDRESS OF SUCH EMPLOYER

NAME OF DEPENDANT CHILD N/A

EMPLOYER'S NAME _____

EMPLOYER'S ADDRESS _____

[IF YOUR DEPENDANT CHILDREN HAD OTHER EMPLOYERS WHO PAID THEM OVER \$5000.00 USE ADDITIONAL SHEETS]

4. DID YOU, YOUR SPOUSE OR ANY OF YOUR DEPENDANT CHILDREN EITHER
- (1) SERVE AS AN OFFICER OF,
 - (2) OWN AN EQUITY INTEREST OR INTEREST IN THE EARNINGS OR PROFITS THAT INDIVIDUALLY OR IN THE AGGREGATE EXCEEDS 10%, IN, OR
 - (3) DIRECTLY OR INDIRECTLY RECEIVE COMPENSATION, IN AGGREGATE IN EXCESS OF \$5000.00 DURING THE PAST YEAR, FROM

IN ANY BUSINESS YEAR THAT DID BUSINESS WITH OR SOLICITED BUSINESS WITH THE CITY OR COUNTY? YES ___ NO ☒

IF YES, THE NAME AND ADDRESSES OF SUCH BUSINESS ENTITIES

ENTITY'S NAME _____

ENTITY'S ADDRESS _____

[IF YOU, YOUR SPOUSE OR DEPENDANT CHILDREN HAD OTHER ENTITIES THAT MUST BE DISCLOSED ATTACH ADDITIONAL SHEETS]

5. DID YOU, YOUR SPOUSE, OR ANY DEPENDANT CHILD SERVE AS AN OFFICER OR BOARD MEMBER OF ANY ORGANIZATION THAT RECEIVED OR APPLIED FOR FUNDING FROM THE CITY OR COUNTY? YES ☒ NO ☒

IF YES, THE NAME AND ADDRESS OF SUCH ORGANIZATION OR ORGANIZATIONS:

PERSON SERVING:

COUNCILLOR ☒ SPOUSE ___ DEPENDANT CHILD ___

NAME OF ORGANIZATION 1. CICOA - (Council Representative)
2. IMAGIS - (Council Representative)

ADDRESS OF ORGANIZATION 1. 4755 Kingsway Drive, Suite 200-46205
2. 200 E. Washington Street, Suite 1322-46204

IF YOU, YOUR SPOUSE OR DEPENDANT CHILDREN HAD POSITIONS IN OTHER ORGANIZATIONS THAT MUST BE DISCLOSED ATTACH ADDITIONAL SHEETS]

6. EXCEPT FOR CAMPAIGN DONATIONS, SUBJECT TO IC 3-9-2 AND REPORTED IN ACCORDANCE WITH LAW OR GIFTS FROM PERSONS INCLUDING FAMILY MEMBERS WITH WHOM YOU HAVE AN ON-GOING SOCIAL RELATIONSHIP NOT RELATED TO SERVICE ON THE COUNCIL WHICH ARE NOT SUBJECT TO REPORTING ON THIS FORM, DID YOU RECEIVE ANY GIFTS, OR OTHER ITEMS, VALUED OVER \$100, OR IN THE AGGREGATE OVER \$250, IN THE PRIOR YEAR FROM ANY PERSON OR FIRM THAT DOES BUSINESS WITH OR SEEKS TO DO BUSINESS WITH THE CITY OR COUNTY OR WHICH SEEKS TO INFLUENCE COUNCIL ACTION? YES ___ NO ___

IF YES, LIST THE NAMES OF SUCH PERSONS OR FIRMS

Indianapolis Motor Speedway; Indianapolis Colts;
United Water; AT&T; IPLD; Mayor Ballard;
Indiana Pacers; IRT

7. I ACKNOWLEDGE THAT IF ANY ITEMS REPORTED IN ITEMS 1 THROUGH 4 ABOVE CHANGE DURING THE YEAR I WILL UPDATE SUCH INFORMATION WITHIN 45 DAYS OF THE CHANGE.

IF THE SPACE PROVIDED ON THIS FORM IS INADEQUATE, ADDITIONAL SHEETS MAY BE USED TO PROVIDE THE ADDITIONAL INFORMATION. ARE YOU ATTACHING ADDITIONAL SHEETS? YES ___ NO ☒
IF YES, HOW MANY ADDITIONAL SHEETS ARE ATTACHED? _____

I AFFIRM UNDER PENALTIES FOR PERJURY THAT MY STATEMENTS ARE TRUE AND ACCURATE TO THE BEST OF MY KNOWLEDGE.

Janice Shattuck McHenry
COUNCILLOR

February 1, 2010
DATE

SIGN, DATE AND RETURN TO: CLERK OF THE COUNCIL, 241 CITY-COUNTY BUILDING, INDIANAPOLIS, INDIANA, 46204.

**INDIANAPOLIS CITY-COUNTY COUNCIL
ETHICS DISCLOSURE STATEMENT**

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ALL QUESTIONS MUST BE ANSWERED COMPLETELY AND LEGIBLY

1. a. **YOUR NAME** Doris Minton McNeill
 b. **YOUR RESIDENCE** 2056 N. Medford Avenue
 c. **YOUR BUSINESS ADDRESS**
 200 East Washington Street
 Indianapolis, IN 4620-43307

2. a. **DID YOU RECEIVE COMPENSATION FROM ANY EMPLOYERS IN THE**
 PRIOR YEAR? YES X NO

IF YES, THE NAME AND ADDRESS OF ALL SUCH EMPLOYERS

EMPLOYER'S NAME Indpls Public Schools

EMPLOYER'S ADDRESS 120 E. Walnut Street

[IF YOU HAD MORE THAN ONE EMPLOYER, USE ADDITIONAL SHEETS]

1065

b. WERE YOU SELF-EMPLOYED? YES ___ NO x

IF YES, THE NATURE OF SUCH BUSINESS AND THE NAME UNDER WHICH CONDUCTED:

NATURE OF THE BUSINESS _____

NAME UNDER WHICH SUCH BUSINESS WAS CONDUCTED _____

3. a. DURING THE PRIOR CALENDAR YEAR, DID YOUR SPOUSE RECEIVE COMPENSATION IN EXCESS OF \$5000.00 FROM AN EMPLOYER?
YES ___ NO x

IF YES, THE NAME AND ADDRESS OF SUCH EMPLOYER

EMPLOYER'S NAME _____

EMPLOYER'S ADDRESS _____

[IF YOUR SPOUSE WAS PAID \$5000.00 BY ADDITIONAL EMPLOYERS USE ADDITIONAL SHEETS]

b. DURING THE PRIOR CALENDAR YEAR, DID ANY OF YOUR DEPENDANT CHILDREN RECEIVE COMPENSATION IN EXCESS OF \$5000.00 FROM AN EMPLOYER? YES ___ NO x

IF YES, THE NAME AND ADDRESS OF SUCH EMPLOYER

NAME OF DEPENDANT CHILD _____

EMPLOYER'S NAME _____

EMPLOYER'S ADDRESS _____

[IF YOUR DEPENDANT CHILDREN HAD OTHER EMPLOYERS WHO PAID THEM OVER \$5000.00 USE ADDITIONAL SHEETS]

205

4. DID YOU, YOUR SPOUSE OR ANY OF YOUR DEPENDANT CHILDREN EITHER
(1) SERVE AS AN OFFICER OF,
(2) OWN AN EQUITY INTEREST OR INTEREST IN THE EARNINGS OR PROFITS
THAT INDIVIDUALLY OR IN THE AGGREGATE EXCEEDS 10%, IN, OR
(3) DIRECTLY OR INDIRECTLY RECEIVE COMPENSATION, IN AGGREGATE
IN EXCESS OF \$5000.00 DURING THE PAST YEAR, FROM ???

IN ANY BUSINESS YEAR THAT DID BUSINESS WITH OR SOLICITED BUSINESS
WITH THE CITY OR COUNTY? YES ___ NO X **Not sure: I Work for
IPS**

IF YES, THE NAME AND ADDRESSES OF SUCH BUSINESS ENTITIES

ENTITY'S NAME _____

ENTITY'S ADDRESS _____

*[IF YOU, YOUR SPOUSE OR DEPENDANT CHILDREN HAD OTHER ENTITIES THAT MUST
BE DISCLOSED ATTACH ADDITIONAL SHEETS]*

5. DID YOU, YOUR SPOUSE, OR ANY DEPENDANT CHILD SERVE AS AN OFFICER OR
BOARD MEMBER OF ANY ORGANIZATION THAT RECEIVED OR APPLIED FOR
FUNDING FROM THE CITY OR COUNTY? YES ___ NO x ? **(However, I am
president of a neighborhood board that is connected to GINI. GINI
applied for and was granted a crime prevention grant. To the extent
the said association requires a response, I add this explanation.**

IF YES, THE NAME AND ADDRESS OF SUCH ORGANIZATION OR
ORGANIZATIONS:

PERSON SERVING:

COUNCILLOR x SPOUSE _____ DEPENDANT CHILD _____

NAME OF ORGANIZATION Westside Neighborhood
Association _____

ADDRESS OF ORGANIZATION 1831 Lafayette Road

*IF YOU, YOUR SPOUSE OR DEPENDANT CHILDREN HAD POSITIONS IN OTHER
ORGANIZATIONS THAT MUST BE DISCLOSED ATTACH ADDITIONAL SHEETS]*

3085

6. EXCEPT FOR CAMPAIGN DONATIONS, SUBJECT TO IC 3-9-2 AND REPORTED IN ACCORDANCE WITH LAW OR GIFTS FROM PERSONS INCLUDING FAMILY MEMBERS WITH WHOM YOU HAVE AN ON-GOING SOCIAL RELATIONSHIP NOT RELATED TO SERVICE ON THE COUNCIL WHICH ARE NOT SUBJECT TO REPORTING ON THIS FORM, DID YOU RECEIVE ANY GIFTS, OR OTHER ITEMS, VALUED OVER \$100, OR IN THE AGGREGATE OVER \$250, IN THE PRIOR YEAR FROM ANY PERSON OR FIRM THAT DOES BUSINESS WITH OR SEEKS TO DO BUSINESS WITH THE CITY OR COUNTY OR WHICH SEEKS TO INFLUENCE COUNCIL ACTION? YES ___ NO ___

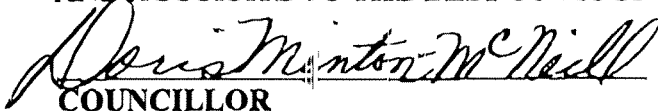
I am not sure how to answer this; as neighborhood president, community merchants who may or may not be members of the neighborhood association may donate food for meetings and funerals, however. I am not sure what the value is. Such donations are for the benefit of the association and does not enrichment personally.

IF YES, LIST THE NAMES OF SUCH PERSONS OR FIRMS

7. I ACKNOWLEDGE THAT IF ANY ITEMS REPORTED IN ITEMS 1 THROUGH 4 ABOVE CHANGE DURING THE YEAR I WILL UPDATE SUCH INFORMATION WITHIN 45 DAYS OF THE CHANGE.

IF THE SPACE PROVIDED ON THIS FORM IS INADEQUATE, ADDITIONAL SHEETS MAY BE USED TO PROVIDE THE ADDITIONAL INFORMATION. ARE YOU ATTACHING ADDITIONAL SHEETS? YES ___ NO X
IF YES, HOW MANY ADDITIONAL SHEETS ARE ATTACHED? _____

I AFFIRM UNDER PENALTIES FOR PERJURY THAT MY STATEMENTS ARE TRUE AND ACCURATE TO THE BEST OF MY KNOWLEDGE.


COUNCILLOR

DATE

SIGN, DATE AND RETURN TO: CLERK OF THE COUNCIL, 241 CITY-COUNTY BUILDING, INDIANAPOLIS, INDIANA, 46204.

Note: If not completed correctly, please let me know. Thank you!!

4085

**INDIANAPOLIS CITY-COUNTY COUNCIL
ETHICS DISCLOSURE STATEMENT****ADDITIONAL SHEET ____ OF ____.**

ADDITIONAL RESPONSE TO QUESTION _____

APPLICABLE TO: COUNCILLOR ____ CANDIDATE ____ SPOUSE ____
DEPENDANT CHILD _____

PERSON, ENTITY OR ORGANIZATION _____

ADDRESS: _____

ADDITIONAL RESPONSE TO QUESTION _____

APPLICABLE TO: COUNCILLOR ____ CANDIDATE ____ SPOUSE ____
DEPENDANT CHILD _____

PERSON, ENTITY OR ORGANIZATION _____

ADDRESS: _____

ADDITIONAL RESPONSE TO QUESTION _____

APPLICABLE TO: COUNCILLOR ____ CANDIDATE ____ SPOUSE ____
DEPENDANT CHILD _____

PERSON, ENTITY OR ORGANIZATION _____

ADDRESS: _____

*[IF MORE SHEETS ARE NEEDED, DUPLICATE THIS PAGE]*65
406

**INDIANAPOLIS CITY-COUNTY COUNCIL
ETHICS DISCLOSURE STATEMENT**

Sec. 151-1123 of the Revised Code of the Consolidated City and County requires all Councillors and any declared candidate for City-County Council to file this statement. For the year 2009, the statement is due July 1, 2009. Thereafter, the statement is due February 1 or within 30 days of taking office. Candidates are required to file before or at the same time as filing a candidate's declaration or petition.

Failure to file this form in a timely manner may subject the councillor or candidate to sanctions by the Ethics Committee of the City-County Council.

ALL QUESTIONS MUST BE ANSWERED COMPLETELY AND LEGIBLY

1. a. **YOUR NAME** Michael J. McQuillen
- b. **YOUR RESIDENCE** 9130 Prairie Ridge Ct 46256
- c. **YOUR BUSINESS ADDRESS** P.O. Box 50022 46250
2. a. **DID YOU RECEIVE COMPENSATION FROM ANY EMPLOYERS IN THE PRIOR YEAR?** YES ☐ NO ☒

IF YES, THE NAME AND ADDRESS OF ALL SUCH EMPLOYERS

EMPLOYER'S NAME N/A

EMPLOYER'S ADDRESS N/A

[IF YOU HAD MORE THAN ONE EMPLOYER, USE ADDITIONAL SHEETS]

b. WERE YOU SELF-EMPLOYED? YES ☒ NO ☐

IF YES, THE NATURE OF SUCH BUSINESS AND THE NAME UNDER WHICH CONDUCTED:

NATURE OF THE BUSINESS Antiques & Collectibles Sales

NAME UNDER WHICH SUCH BUSINESS WAS CONDUCTED Political Parade

3. a. DURING THE PRIOR CALENDAR YEAR, DID YOUR SPOUSE RECEIVE COMPENSATION IN EXCESS OF \$5000.00 FROM AN EMPLOYER?
YES ☒ NO ☐

IF YES, THE NAME AND ADDRESS OF SUCH EMPLOYER

EMPLOYER'S NAME Lawrence Township Schools

EMPLOYER'S ADDRESS 7600 E. 71st ST 46256

[IF YOUR SPOUSE WAS PAID \$5000.00 BY ADDITIONAL EMPLOYERS USE ADDITIONAL SHEETS]

b. DURING THE PRIOR CALENDAR YEAR, DID ANY OF YOUR DEPENDANT CHILDREN RECEIVE COMPENSATION IN EXCESS OF \$5000.00 FROM AN EMPLOYER? YES ☐ NO ☒

IF YES, THE NAME AND ADDRESS OF SUCH EMPLOYER

NAME OF DEPENDANT CHILD N/A

EMPLOYER'S NAME N/A

EMPLOYER'S ADDRESS N/A

[IF YOUR DEPENDANT CHILDREN HAD OTHER EMPLOYERS WHO PAID THEM OVER \$5000.00 USE ADDITIONAL SHEETS]

4. DID YOU, YOUR SPOUSE OR ANY OF YOUR DEPENDANT CHILDREN EITHER
(1) SERVE AS AN OFFICER OF,
(2) OWN AN EQUITY INTEREST OR INTEREST IN THE EARNINGS OR PROFITS
THAT INDIVIDUALLY OR IN THE AGGREGATE EXCEEDS 10%, IN, OR
(3) DIRECTLY OR INDIRECTLY RECEIVE COMPENSATION, IN AGGREGATE IN
EXCESS OF \$5000.00 DURING THE PAST YEAR, FROM

IN ANY BUSINESS YEAR THAT DID BUSINESS WITH OR SOLICITED BUSINESS
WITH THE CITY OR COUNTY? YES ___ NO ☒

IF YES, THE NAME AND ADDRESSES OF SUCH BUSINESS ENTITIES

ENTITY'S NAME N/A

ENTITY'S ADDRESS N/A

*[IF YOU, YOUR SPOUSE OR DEPENDANT CHILDREN HAD OTHER ENTITIES THAT
MUST BE DISCLOSED ATTACH ADDITIONAL SHEETS]*

5. DID YOU, YOUR SPOUSE, OR ANY DEPENDANT CHILD SERVE AS AN OFFICER
OR BOARD MEMBER OF ANY ORGANIZATION THAT RECEIVED OR APPLIED
FOR FUNDING FROM THE CITY OR COUNTY? YES ___ NO ☒

IF YES, THE NAME AND ADDRESS OF SUCH ORGANIZATION OR
ORGANIZATIONS:

PERSON SERVING:

COUNCILLOR ___ SPOUSE ___ DEPENDANT CHILD ___

NAME OF ORGANIZATION N/A

ADDRESS OF ORGANIZATION N/A

*IF YOU, YOUR SPOUSE OR DEPENDANT CHILDREN HAD POSITIONS IN OTHER
ORGANIZATIONS THAT MUST BE DISCLOSED ATTACH ADDITIONAL SHEETS]*

6. EXCEPT FOR CAMPAIGN DONATIONS , SUBJECT TO IC 3-9-2 AND REPORTED IN ACCORDANCE WITH LAW OR GIFTS FROM PERSONS INCLUDING FAMILY MEMBERS WITH WHOM YOU HAVE AN ON-GOING SOCIAL RELATIONSHIP NOT RELATED TO SERVICE ON THE COUNCIL WHICH ARE NOT SUBJECT TO REPORTING ON THIS FORM, DID YOU RECEIVE ANY GIFTS, OR OTHER ITEMS, VALUED OVER \$100, OR IN THE AGGREGATE OVER \$250, IN THE PRIOR YEAR FROM ANY PERSON OR FIRM THAT DOES BUSINESS WITH OR SEEKS TO DO BUSINESS WITH THE CITY OR COUNTY OR WHICH SEEKS TO INFLUENCE COUNCIL ACTION? YES ☒ NO ☐

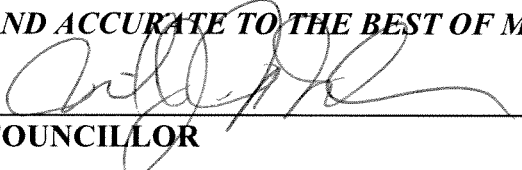
IF YES, LIST THE NAMES OF SUCH PERSONS OR FIRMS

Cotts, Racers, Indpls Motor Speedway, Keystone Construction

7. I ACKNOWLEDGE THAT IF ANY ITEMS REPORTED IN ITEMS 1 THROUGH 4 ABOVE CHANGE DURING THE YEAR I WILL UPDATE SUCH INFORMATION WITHIN 45 DAYS OF THE CHANGE.

IF THE SPACE PROVIDED ON THIS FORM IS INADEQUATE, ADDITIONAL SHEETS MAY BE USED TO PROVIDE THE ADDITIONAL INFORMATION. ARE YOU ATTACHING ADDITIONAL SHEETS? YES ☐ NO ☒
IF YES, HOW MANY ADDITIONAL SHEETS ARE ATTACHED? _____

I AFFIRM UNDER PENALTIES FOR PERJURY THAT MY STATEMENTS ARE TRUE AND ACCURATE TO THE BEST OF MY KNOWLEDGE.


COUNCILLOR

1-11-10
DATE

SIGN, DATE AND RETURN TO: CLERK OF THE COUNCIL, 241 CITY-COUNTY BUILDING, INDIANAPOLIS, INDIANA, 46204.

**INDIANAPOLIS CITY-COUNTY COUNCIL
ETHICS DISCLOSURE STATEMENT**

ADDITIONAL SHEET ____ OF ____.

ADDITIONAL RESPONSE TO QUESTION _____

APPLICABLE TO: COUNCILLOR ____ CANDIDATE ____ SPOUSE ____
DEPENDANT CHILD _____

PERSON, ENTITY OR ORGANIZATION _____

ADDRESS: _____

ADDITIONAL RESPONSE TO QUESTION _____

APPLICABLE TO: COUNCILLOR ____ CANDIDATE ____ SPOUSE ____
DEPENDANT CHILD _____

PERSON, ENTITY OR ORGANIZATION _____

ADDRESS: _____

ADDITIONAL RESPONSE TO QUESTION _____

APPLICABLE TO: COUNCILLOR ____ CANDIDATE ____ SPOUSE ____
DEPENDANT CHILD _____

PERSON, ENTITY OR ORGANIZATION _____

ADDRESS: _____

[IF MORE SHEETS ARE NEEDED, DUPLICATE THIS PAGE]

**INDIANAPOLIS CITY-COUNTY COUNCIL
ETHICS DISCLOSURE STATEMENT**

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Failure to file this form in a timely manner may subject the councillor or candidate to sanctions by the Ethics Committee of the City-County Council.

ALL QUESTIONS MUST BE ANSWERED COMPLETELY AND LEGIBLY

1. a. **YOUR NAME** Mary Bridget Moriarty Adams
- b. **YOUR RESIDENCE**
5256 East 13th Street, Indianapolis, IN 46219
- c. **YOUR BUSINESS ADDRESS**
Marion County Assessor, 200 East Washington St,
Room 1326, Indianapolis, IN 46204
2. a. **DID YOU RECEIVE COMPENSATION FROM ANY EMPLOYERS IN THE PRIOR YEAR?** YES ☒ NO ☐

IF YES, THE NAME AND ADDRESS OF ALL SUCH EMPLOYERS

EMPLOYER'S NAME Marion County Assessor

EMPLOYER'S ADDRESS 200 East Washington Street
Room 1301
Indianapolis, IN 46204

[IF YOU HAD MORE THAN ONE EMPLOYER, USE ADDITIONAL SHEETS]

b. WERE YOU SELF-EMPLOYED? YES ___ NO ☒

IF YES, THE NATURE OF SUCH BUSINESS AND THE NAME UNDER WHICH CONDUCTED:

NATURE OF THE BUSINESS _____

NAME UNDER WHICH SUCH BUSINESS WAS CONDUCTED _____

3. a. DURING THE PRIOR CALENDAR YEAR, DID YOUR SPOUSE RECEIVE COMPENSATION IN EXCESS OF \$5000.00 FROM AN EMPLOYER?
YES ☒ NO ___

IF YES, THE NAME AND ADDRESS OF SUCH EMPLOYER

EMPLOYER'S NAME Marion County Sheriff's Dept.

EMPLOYER'S ADDRESS 40 South Alabama
Indianapolis, IN 46204

[IF YOUR SPOUSE WAS PAID \$5000.00 BY ADDITIONAL EMPLOYERS USE ADDITIONAL SHEETS]

b. DURING THE PRIOR CALENDAR YEAR, DID ANY OF YOUR DEPENDANT CHILDREN RECEIVE COMPENSATION IN EXCESS OF \$5000.00 FROM AN EMPLOYER? YES ___ NO ☒

IF YES, THE NAME AND ADDRESS OF SUCH EMPLOYER

NAME OF DEPENDANT CHILD _____

EMPLOYER'S NAME _____

EMPLOYER'S ADDRESS _____

[IF YOUR DEPENDANT CHILDREN HAD OTHER EMPLOYERS WHO PAID THEM OVER \$5000.00 USE ADDITIONAL SHEETS]

4. DID YOU, YOUR SPOUSE OR ANY OF YOUR DEPENDANT CHILDREN EITHER
(1) SERVE AS AN OFFICER OF,
(2) OWN AN EQUITY INTEREST OR INTEREST IN THE EARNINGS OR PROFITS
THAT INDIVIDUALLY OR IN THE AGGREGATE EXCEEDS 10%, IN, OR
(3) DIRECTLY OR INDIRECTLY RECEIVE COMPENSATION, IN AGGREGATE IN
EXCESS OF \$5000.00 DURING THE PAST YEAR, FROM

IN ANY BUSINESS YEAR THAT DID BUSINESS WITH OR SOLICITED BUSINESS
WITH THE CITY OR COUNTY? YES ___ NO ☒

IF YES, THE NAME AND ADDRESSES OF SUCH BUSINESS ENTITIES

ENTITY'S NAME _____

ENTITY'S ADDRESS _____

*[IF YOU, YOUR SPOUSE OR DEPENDANT CHILDREN HAD OTHER ENTITIES THAT
MUST BE DISCLOSED ATTACH ADDITIONAL SHEETS]*

5. DID YOU, YOUR SPOUSE, OR ANY DEPENDANT CHILD SERVE AS AN OFFICER
OR BOARD MEMBER OF ANY ORGANIZATION THAT RECEIVED OR APPLIED
FOR FUNDING FROM THE CITY OR COUNTY? YES ___ NO ☒

IF YES, THE NAME AND ADDRESS OF SUCH ORGANIZATION OR
ORGANIZATIONS:

PERSON SERVING:

COUNCILLOR ___ SPOUSE ___ DEPENDANT CHILD _____

NAME OF ORGANIZATION _____

ADDRESS OF ORGANIZATION _____

*IF YOU, YOUR SPOUSE OR DEPENDANT CHILDREN HAD POSITIONS IN OTHER
ORGANIZATIONS THAT MUST BE DISCLOSED ATTACH ADDITIONAL SHEETS]*

6. EXCEPT FOR CAMPAIGN DONATIONS, SUBJECT TO IC 3-9-2 AND REPORTED IN ACCORDANCE WITH LAW OR GIFTS FROM PERSONS INCLUDING FAMILY MEMBERS WITH WHOM YOU HAVE AN ON-GOING SOCIAL RELATIONSHIP NOT RELATED TO SERVICE ON THE COUNCIL WHICH ARE NOT SUBJECT TO REPORTING ON THIS FORM, DID YOU RECEIVE ANY GIFTS, OR OTHER ITEMS, VALUED OVER \$100, OR IN THE AGGREGATE OVER \$250, IN THE PRIOR YEAR FROM ANY PERSON OR FIRM THAT DOES BUSINESS WITH OR SEEKS TO DO BUSINESS WITH THE CITY OR COUNTY OR WHICH SEEKS TO INFLUENCE COUNCIL ACTION? YES ☒ NO ☐

IF YES, LIST THE NAMES OF SUCH PERSONS OR FIRMS

Indianapolis Motor Speedway; Citizens Energy Group;
A.T.&T; Indianapolis Pub'n, Inc.
United Water;

7. I ACKNOWLEDGE THAT IF ANY ITEMS REPORTED IN ITEMS 1 THROUGH 4 ABOVE CHANGE DURING THE YEAR I WILL UPDATE SUCH INFORMATION WITHIN 45 DAYS OF THE CHANGE.

IF THE SPACE PROVIDED ON THIS FORM IS INADEQUATE, ADDITIONAL SHEETS MAY BE USED TO PROVIDE THE ADDITIONAL INFORMATION. ARE YOU ATTACHING ADDITIONAL SHEETS? YES ☒ NO ☐

IF YES, HOW MANY ADDITIONAL SHEETS ARE ATTACHED? 1

I AFFIRM UNDER PENALTIES FOR PERJURY THAT MY STATEMENTS ARE TRUE AND ACCURATE TO THE BEST OF MY KNOWLEDGE.

Mary Moriarty Adams
COUNCILLOR

1/22/2010
DATE

SIGN, DATE AND RETURN TO: CLERK OF THE COUNCIL, 241 CITY-COUNTY BUILDING, INDIANAPOLIS, INDIANA, 46204.

**INDIANAPOLIS CITY-COUNTY COUNCIL
ETHICS DISCLOSURE STATEMENT**

ADDITIONAL SHEET 1 OF 1.

ADDITIONAL RESPONSE TO QUESTION 2

APPLICABLE TO: COUNCILLOR ☒ CANDIDATE ☐ SPOUSE ☐
DEPENDANT CHILD ☐

PERSON, ENTITY OR ORGANIZATION City - County Council

ADDRESS: 200 East Washington St, Room 241
Indianapolis, IN 46204

ADDITIONAL RESPONSE TO QUESTION _____

APPLICABLE TO: COUNCILLOR ☐ CANDIDATE ☐ SPOUSE ☐
DEPENDANT CHILD ☐

PERSON, ENTITY OR ORGANIZATION _____

ADDRESS: _____

ADDITIONAL RESPONSE TO QUESTION _____

APPLICABLE TO: COUNCILLOR ☐ CANDIDATE ☐ SPOUSE ☐
DEPENDANT CHILD ☐

PERSON, ENTITY OR ORGANIZATION _____

ADDRESS: _____

[IF MORE SHEETS ARE NEEDED, DUPLICATE THIS PAGE]

**INDIANAPOLIS CITY-COUNTY COUNCIL
ETHICS DISCLOSURE STATEMENT**

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ALL QUESTIONS MUST BE ANSWERED COMPLETELY AND LEGIBLY

1. a. **YOUR NAME** Jackie Nytes
 b. **YOUR RESIDENCE**
 3444 Washington Blvd Indianapolis 46205
 c. **YOUR BUSINESS ADDRESS**
 Same
2. a. **DID YOU RECEIVE COMPENSATION FROM ANY EMPLOYERS IN THE
PRIOR YEAR? YES ☒ NO ☐**

IF YES, THE NAME AND ADDRESS OF ALL SUCH EMPLOYERS

EMPLOYER'S NAME Mapleton Fall Creek Development Corporation
EMPLOYER'S ADDRESS 130 E. 30th Street
 Indianapolis, IN 46205

[IF YOU HAD MORE THAN ONE EMPLOYER, USE ADDITIONAL SHEETS]

b. WERE YOU SELF-EMPLOYED? YES ___ NO ☒

IF YES, THE NATURE OF SUCH BUSINESS AND THE NAME UNDER WHICH CONDUCTED:

NATURE OF THE BUSINESS _____

NAME UNDER WHICH SUCH BUSINESS WAS CONDUCTED _____

3. a. DURING THE PRIOR CALENDAR YEAR, DID YOUR SPOUSE RECEIVE COMPENSATION IN EXCESS OF \$5000.00 FROM AN EMPLOYER?
YES ☒ NO ___

IF YES, THE NAME AND ADDRESS OF SUCH EMPLOYER

EMPLOYER'S NAME Printing Partners

EMPLOYER'S ADDRESS 929 W. 16th St.
Indianapolis, IN 46202-2214

[IF YOUR SPOUSE WAS PAID \$5000.00 BY ADDITIONAL EMPLOYERS USE ADDITIONAL SHEETS]

b. DURING THE PRIOR CALENDAR YEAR, DID ANY OF YOUR DEPENDANT CHILDREN RECEIVE COMPENSATION IN EXCESS OF \$5000.00 FROM AN EMPLOYER? YES ☒ NO ___

IF YES, THE NAME AND ADDRESS OF SUCH EMPLOYER

NAME OF DEPENDANT CHILD Patrick O'Brien

EMPLOYER'S NAME Printing Partners

EMPLOYER'S ADDRESS 929 W. 16th St.
Indianapolis IN 46202-2214

*why his
name and
not the
spouse's
name?*

[IF YOUR DEPENDANT CHILDREN HAD OTHER EMPLOYERS WHO PAID THEM OVER \$5000.00 USE ADDITIONAL SHEETS]

4. DID YOU, YOUR SPOUSE OR ANY OF YOUR DEPENDANT CHILDREN EITHER
(1) SERVE AS AN OFFICER OF,
(2) OWN AN EQUITY INTEREST OR INTEREST IN THE EARNINGS OR PROFITS
THAT INDIVIDUALLY OR IN THE AGGREGATE EXCEEDS 10%, IN, OR
(3) DIRECTLY OR INDIRECTLY RECEIVE COMPENSATION, IN AGGREGATE IN
EXCESS OF \$5000.00 DURING THE PAST YEAR, FROM

IN ANY BUSINESS YEAR THAT DID BUSINESS WITH OR SOLICITED BUSINESS
WITH THE CITY OR COUNTY? YES ☒ NO ☐

IF YES, THE NAME AND ADDRESSES OF SUCH BUSINESS ENTITIES

ENTITY'S NAME Printing Partners

ENTITY'S ADDRESS 929 W. 16th St
Indianapolis, IN 46202

*[IF YOU, YOUR SPOUSE OR DEPENDANT CHILDREN HAD OTHER ENTITIES THAT
MUST BE DISCLOSED ATTACH ADDITIONAL SHEETS]*

5. DID YOU, YOUR SPOUSE, OR ANY DEPENDANT CHILD SERVE AS AN OFFICER
OR BOARD MEMBER OF ANY ORGANIZATION THAT RECEIVED OR APPLIED
FOR FUNDING FROM THE CITY OR COUNTY? YES ☒ NO ☐

IF YES, THE NAME AND ADDRESS OF SUCH ORGANIZATION OR
ORGANIZATIONS:

PERSON SERVING:

COUNCILLOR ☒ SPOUSE ☐ DEPENDANT CHILD ☐

NAME OF ORGANIZATION Indianapolis Symphony Orchestra

ADDRESS OF ORGANIZATION E. Washington St.
Indianapolis, IN 46202

*IF YOU, YOUR SPOUSE OR DEPENDANT CHILDREN HAD POSITIONS IN OTHER
ORGANIZATIONS THAT MUST BE DISCLOSED ATTACH ADDITIONAL SHEETS]*

6. EXCEPT FOR CAMPAIGN DONATIONS , SUBJECT TO IC 3-9-2 AND REPORTED IN ACCORDANCE WITH LAW OR GIFTS FROM PERSONS INCLUDING FAMILY MEMBERS WITH WHOM YOU HAVE AN ON-GOING SOCIAL RELATIONSHIP NOT RELATED TO SERVICE ON THE COUNCIL WHICH ARE NOT SUBJECT TO REPORTING ON THIS FORM, DID YOU RECEIVE ANY GIFTS, OR OTHER ITEMS, VALUED OVER \$100, OR IN THE AGGREGATE OVER \$250, IN THE PRIOR YEAR FROM ANY PERSON OR FIRM THAT DOES BUSINESS WITH OR SEEKS TO DO BUSINESS WITH THE CITY OR COUNTY OR WHICH SEEKS TO INFLUENCE COUNCIL ACTION? YES ☒ NO ☐

IF YES, LIST THE NAMES OF SUCH PERSONS OR FIRMS

Indianapolis Motor Speedway = fix = 4
Indianapolis Colts game fix = 2

7. I ACKNOWLEDGE THAT IF ANY ITEMS REPORTED IN ITEMS 1 THROUGH 4 ABOVE CHANGE DURING THE YEAR I WILL UPDATE SUCH INFORMATION WITHIN 45 DAYS OF THE CHANGE.

IF THE SPACE PROVIDED ON THIS FORM IS INADEQUATE, ADDITIONAL SHEETS MAY BE USED TO PROVIDE THE ADDITIONAL INFORMATION. ARE YOU ATTACHING ADDITIONAL SHEETS? YES ☐ NO ☒
IF YES, HOW MANY ADDITIONAL SHEETS ARE ATTACHED? _____

I AFFIRM UNDER PENALTIES FOR PERJURY THAT MY STATEMENTS ARE TRUE AND ACCURATE TO THE BEST OF MY KNOWLEDGE.

Jackie Nystes
COUNCILLOR

January 26, 2010
DATE

SIGN, DATE AND RETURN TO: CLERK OF THE COUNCIL, 241 CITY-COUNTY BUILDING, INDIANAPOLIS, INDIANA, 46204.

**INDIANAPOLIS CITY-COUNTY COUNCIL
ETHICS DISCLOSURE STATEMENT**

ADDITIONAL SHEET ____ OF ____.

ADDITIONAL RESPONSE TO QUESTION _____

APPLICABLE TO: COUNCILLOR ____ CANDIDATE ____ SPOUSE ____
DEPENDANT CHILD _____

PERSON, ENTITY OR ORGANIZATION _____

ADDRESS: _____

ADDITIONAL RESPONSE TO QUESTION _____

APPLICABLE TO: COUNCILLOR ____ CANDIDATE ____ SPOUSE ____
DEPENDANT CHILD _____

PERSON, ENTITY OR ORGANIZATION _____

ADDRESS: _____

ADDITIONAL RESPONSE TO QUESTION _____

APPLICABLE TO: COUNCILLOR ____ CANDIDATE ____ SPOUSE ____
DEPENDANT CHILD _____

PERSON, ENTITY OR ORGANIZATION _____

ADDRESS: _____

[IF MORE SHEETS ARE NEEDED, DUPLICATE THIS PAGE]

**INDIANAPOLIS CITY-COUNTY COUNCIL
ETHICS DISCLOSURE STATEMENT**

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ALL QUESTIONS MUST BE ANSWERED COMPLETELY AND LEGIBLY

1. a. **YOUR NAME** William C. Oliver
- b. **YOUR RESIDENCE** 4712 E. 34th St.
- c. **YOUR BUSINESS ADDRESS** 4712 E. 34th St.
2. a. **DID YOU RECEIVE COMPENSATION FROM ANY EMPLOYERS IN THE PRIOR YEAR?** YES ☒ NO ☐

IF YES, THE NAME AND ADDRESS OF ALL SUCH EMPLOYERS

EMPLOYER'S NAME City of Indianapolis

EMPLOYER'S ADDRESS 200 E. Washington St.

[IF YOU HAD MORE THAN ONE EMPLOYER, USE ADDITIONAL SHEETS]

b. WERE YOU SELF-EMPLOYED? YES ☒ NO ☐

IF YES, THE NATURE OF SUCH BUSINESS AND THE NAME UNDER WHICH CONDUCTED:

NATURE OF THE BUSINESS

Snow Removal/Landscaping

NAME UNDER WHICH SUCH BUSINESS WAS CONDUCTED

Oliver Janitorial Serv.

3. a. DURING THE PRIOR CALENDAR YEAR, DID YOUR SPOUSE RECEIVE COMPENSATION IN EXCESS OF \$5000.00 FROM AN EMPLOYER?
YES ☐ NO ☒

IF YES, THE NAME AND ADDRESS OF SUCH EMPLOYER

EMPLOYER'S NAME

EMPLOYER'S ADDRESS

[IF YOUR SPOUSE WAS PAID \$5000.00 BY ADDITIONAL EMPLOYERS USE ADDITIONAL SHEETS]

b. DURING THE PRIOR CALENDAR YEAR, DID ANY OF YOUR DEPENDANT CHILDREN RECEIVE COMPENSATION IN EXCESS OF \$5000.00 FROM AN EMPLOYER? YES ☐ NO ☒

IF YES, THE NAME AND ADDRESS OF SUCH EMPLOYER

NAME OF DEPENDANT CHILD

EMPLOYER'S NAME

EMPLOYER'S ADDRESS

[IF YOUR DEPENDANT CHILDREN HAD OTHER EMPLOYERS WHO PAID THEM OVER \$5000.00 USE ADDITIONAL SHEETS]

4. DID YOU, YOUR SPOUSE OR ANY OF YOUR DEPENDANT CHILDREN EITHER
(1) SERVE AS AN OFFICER OF,
(2) OWN AN EQUITY INTEREST OR INTEREST IN THE EARNINGS OR PROFITS
THAT INDIVIDUALLY OR IN THE AGGREGATE EXCEEDS 10%, IN, OR
(3) DIRECTLY OR INDIRECTLY RECEIVE COMPENSATION, IN AGGREGATE IN
EXCESS OF \$5000.00 DURING THE PAST YEAR, FROM

IN ANY BUSINESS YEAR THAT DID BUSINESS WITH OR SOLICITED BUSINESS
WITH THE CITY OR COUNTY? YES ___ NO ✓

IF YES, THE NAME AND ADDRESSES OF SUCH BUSINESS ENTITIES

ENTITY'S NAME _____

ENTITY'S ADDRESS _____

*[IF YOU, YOUR SPOUSE OR DEPENDANT CHILDREN HAD OTHER ENTITIES THAT
MUST BE DISCLOSED ATTACH ADDITIONAL SHEETS]*

5. DID YOU, YOUR SPOUSE, OR ANY DEPENDANT CHILD SERVE AS AN OFFICER
OR BOARD MEMBER OF ANY ORGANIZATION THAT RECEIVED OR APPLIED
FOR FUNDING FROM THE CITY OR COUNTY? YES ___ NO ___

IF YES, THE NAME AND ADDRESS OF SUCH ORGANIZATION OR
ORGANIZATIONS:

PERSON SERVING:

COUNCILLOR ___ SPOUSE ___ DEPENDANT CHILD _____

NAME OF ORGANIZATION _____

ADDRESS OF ORGANIZATION _____

*IF YOU, YOUR SPOUSE OR DEPENDANT CHILDREN HAD POSITIONS IN OTHER
ORGANIZATIONS THAT MUST BE DISCLOSED ATTACH ADDITIONAL SHEETS]*

6. EXCEPT FOR CAMPAIGN DONATIONS , SUBJECT TO IC 3-9-2 AND REPORTED IN ACCORDANCE WITH LAW OR GIFTS FROM PERSONS INCLUDING FAMILY MEMBERS WITH WHOM YOU HAVE AN ON-GOING SOCIAL RELATIONSHIP NOT RELATED TO SERVICE ON THE COUNCIL WHICH ARE NOT SUBJECT TO REPORTING ON THIS FORM, DID YOU RECEIVE ANY GIFTS, OR OTHER ITEMS, VALUED OVER \$100, OR IN THE AGGREGATE OVER \$250, IN THE PRIOR YEAR FROM ANY PERSON OR FIRM THAT DOES BUSINESS WITH OR SEEKS TO DO BUSINESS WITH THE CITY OR COUNTY OR WHICH SEEKS TO INFLUENCE COUNCIL ACTION? YES ___ NO ☒

IF YES, LIST THE NAMES OF SUCH PERSONS OR FIRMS

7. I ACKNOWLEDGE THAT IF ANY ITEMS REPORTED IN ITEMS 1 THROUGH 4 ABOVE CHANGE DURING THE YEAR I WILL UPDATE SUCH INFORMATION WITHIN 45 DAYS OF THE CHANGE.

IF THE SPACE PROVIDED ON THIS FORM IS INADEQUATE, ADDITIONAL SHEETS MAY BE USED TO PROVIDE THE ADDITIONAL INFORMATION. ARE YOU ATTACHING ADDITIONAL SHEETS? YES ___ NO ___
IF YES, HOW MANY ADDITIONAL SHEETS ARE ATTACHED? _____

I AFFIRM UNDER PENALTIES FOR PERJURY THAT MY STATEMENTS ARE TRUE AND ACCURATE TO THE BEST OF MY KNOWLEDGE.

William C. Oliver
COUNCILLOR

1-11-10
DATE

SIGN, DATE AND RETURN TO: CLERK OF THE COUNCIL, 241 CITY-COUNTY BUILDING, INDIANAPOLIS, INDIANA, 46204.

**INDIANAPOLIS CITY-COUNTY COUNCIL
ETHICS DISCLOSURE STATEMENT**

ADDITIONAL SHEET ____ OF ____.

ADDITIONAL RESPONSE TO QUESTION _____

APPLICABLE TO: COUNCILLOR ____ CANDIDATE ____ SPOUSE ____
DEPENDANT CHILD _____

PERSON, ENTITY OR ORGANIZATION _____

ADDRESS: _____

ADDITIONAL RESPONSE TO QUESTION _____

APPLICABLE TO: COUNCILLOR ____ CANDIDATE ____ SPOUSE ____
DEPENDANT CHILD _____

PERSON, ENTITY OR ORGANIZATION _____

ADDRESS: _____

ADDITIONAL RESPONSE TO QUESTION _____

APPLICABLE TO: COUNCILLOR ____ CANDIDATE ____ SPOUSE ____
DEPENDANT CHILD _____

PERSON, ENTITY OR ORGANIZATION _____

ADDRESS: _____

[IF MORE SHEETS ARE NEEDED, DUPLICATE THIS PAGE]

**INDIANAPOLIS CITY-COUNTY COUNCIL
ETHICS DISCLOSURE STATEMENT**

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ALL QUESTIONS MUST BE ANSWERED COMPLETELY AND LEGIBLY

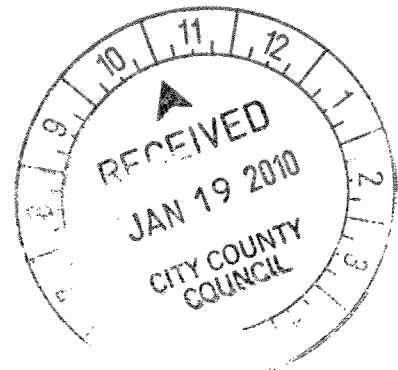
1. a. **YOUR NAME** Marilyn Pfisterer
- b. **YOUR RESIDENCE** 1001 Mt Auburn Dr. Zip 46224
- c. **YOUR BUSINESS ADDRESS** see above - home office for Council Buss
2. a. **DID YOU RECEIVE COMPENSATION FROM ANY EMPLOYERS IN THE PRIOR YEAR?** YES ☐ NO ☒

IF YES, THE NAME AND ADDRESS OF ALL SUCH EMPLOYERS

EMPLOYER'S NAME _____

EMPLOYER'S ADDRESS _____

[IF YOU HAD MORE THAN ONE EMPLOYER, USE ADDITIONAL SHEETS]



b. WERE YOU SELF-EMPLOYED? YES ☐ NO ☒

IF YES, THE NATURE OF SUCH BUSINESS AND THE NAME UNDER WHICH CONDUCTED:

NATURE OF THE BUSINESS _____

NAME UNDER WHICH SUCH BUSINESS WAS CONDUCTED _____

3. a. DURING THE PRIOR CALENDAR YEAR, DID YOUR SPOUSE RECEIVE COMPENSATION IN EXCESS OF \$5000.00 FROM AN EMPLOYER?

YES ☐ NO ☐

My husband is self employed
IF YES, THE NAME AND ADDRESS OF SUCH EMPLOYER

EMPLOYER'S NAME _____

EMPLOYER'S ADDRESS _____

[IF YOUR SPOUSE WAS PAID \$5000.00 BY ADDITIONAL EMPLOYERS USE ADDITIONAL SHEETS]

b. DURING THE PRIOR CALENDAR YEAR, DID ANY OF YOUR DEPENDANT CHILDREN RECEIVE COMPENSATION IN EXCESS OF \$5000.00 FROM AN EMPLOYER? YES ☐ NO ☒

IF YES, THE NAME AND ADDRESS OF SUCH EMPLOYER

NAME OF DEPENDANT CHILD _____

EMPLOYER'S NAME _____

EMPLOYER'S ADDRESS _____

[IF YOUR DEPENDANT CHILDREN HAD OTHER EMPLOYERS WHO PAID THEM OVER \$5000.00 USE ADDITIONAL SHEETS]

4. DID YOU, YOUR SPOUSE OR ANY OF YOUR DEPENDANT CHILDREN EITHER
(1) SERVE AS AN OFFICER OF,
(2) OWN AN EQUITY INTEREST OR INTEREST IN THE EARNINGS OR PROFITS
THAT INDIVIDUALLY OR IN THE AGGREGATE EXCEEDS 10%, IN, OR
(3) DIRECTLY OR INDIRECTLY RECEIVE COMPENSATION, IN AGGREGATE IN
EXCESS OF \$5000.00 DURING THE PAST YEAR, FROM

IN ANY BUSINESS YEAR THAT DID BUSINESS WITH OR SOLICITED BUSINESS
WITH THE CITY OR COUNTY? YES ___ NO ☒

IF YES, THE NAME AND ADDRESSES OF SUCH BUSINESS ENTITIES

ENTITY'S NAME _____

ENTITY'S ADDRESS _____

*[IF YOU, YOUR SPOUSE OR DEPENDANT CHILDREN HAD OTHER ENTITIES THAT
MUST BE DISCLOSED ATTACH ADDITIONAL SHEETS]*

5. DID YOU, YOUR SPOUSE, OR ANY DEPENDANT CHILD SERVE AS AN OFFICER
OR BOARD MEMBER OF ANY ORGANIZATION THAT RECEIVED OR APPLIED
FOR FUNDING FROM THE CITY OR COUNTY? YES ___ NO ☒

IF YES, THE NAME AND ADDRESS OF SUCH ORGANIZATION OR
ORGANIZATIONS:

PERSON SERVING:

COUNCILLOR ___ SPOUSE ___ DEPENDANT CHILD _____

NAME OF ORGANIZATION _____

ADDRESS OF ORGANIZATION _____

*IF YOU, YOUR SPOUSE OR DEPENDANT CHILDREN HAD POSITIONS IN OTHER
ORGANIZATIONS THAT MUST BE DISCLOSED ATTACH ADDITIONAL SHEETS]*

6. EXCEPT FOR CAMPAIGN DONATIONS, SUBJECT TO IC 3-9-2 AND REPORTED IN ACCORDANCE WITH LAW OR GIFTS FROM PERSONS INCLUDING FAMILY MEMBERS WITH WHOM YOU HAVE AN ON-GOING SOCIAL RELATIONSHIP NOT RELATED TO SERVICE ON THE COUNCIL WHICH ARE NOT SUBJECT TO REPORTING ON THIS FORM, DID YOU RECEIVE ANY GIFTS, OR OTHER ITEMS, VALUED OVER \$100, OR IN THE AGGREGATE OVER \$250, IN THE PRIOR YEAR FROM ANY PERSON OR FIRM THAT DOES BUSINESS WITH OR SEEKS TO DO BUSINESS WITH THE CITY OR COUNTY OR WHICH SEEKS TO INFLUENCE COUNCIL ACTION? YES ☒ NO ☐

IF YES, LIST THE NAMES OF SUCH PERSONS OR FIRMS

IMS - 2 tickets to Brickyard 400 & received a gift under \$25 from IMS
attended Gary's 1st compliments of United Water. 2 tickets valued at \$20 each.

7. I ACKNOWLEDGE THAT IF ANY ITEMS REPORTED IN ITEMS 1 THROUGH 4 ABOVE CHANGE DURING THE YEAR I WILL UPDATE SUCH INFORMATION WITHIN 45 DAYS OF THE CHANGE.

IF THE SPACE PROVIDED ON THIS FORM IS INADEQUATE, ADDITIONAL SHEETS MAY BE USED TO PROVIDE THE ADDITIONAL INFORMATION. ARE YOU ATTACHING ADDITIONAL SHEETS? YES ☐ NO ☐
IF YES, HOW MANY ADDITIONAL SHEETS ARE ATTACHED? _____

I AFFIRM UNDER PENALTIES FOR PERJURY THAT MY STATEMENTS ARE TRUE AND ACCURATE TO THE BEST OF MY KNOWLEDGE.

Marilyn Pfisterer
COUNCILLOR

1-15-10
DATE

SIGN, DATE AND RETURN TO: CLERK OF THE COUNCIL, 241 CITY-COUNTY BUILDING, INDIANAPOLIS, INDIANA, 46204.

**INDIANAPOLIS CITY-COUNTY COUNCIL
ETHICS DISCLOSURE STATEMENT**

ADDITIONAL SHEET ____ OF ____.

ADDITIONAL RESPONSE TO QUESTION _____

APPLICABLE TO: COUNCILLOR ____ CANDIDATE ____ SPOUSE ____
DEPENDANT CHILD _____

PERSON, ENTITY OR ORGANIZATION _____

ADDRESS: _____

ADDITIONAL RESPONSE TO QUESTION _____

APPLICABLE TO: COUNCILLOR ____ CANDIDATE ____ SPOUSE ____
DEPENDANT CHILD _____

PERSON, ENTITY OR ORGANIZATION _____

ADDRESS: _____

ADDITIONAL RESPONSE TO QUESTION _____

APPLICABLE TO: COUNCILLOR ____ CANDIDATE ____ SPOUSE ____
DEPENDANT CHILD _____

PERSON, ENTITY OR ORGANIZATION _____

ADDRESS: _____

[IF MORE SHEETS ARE NEEDED, DUPLICATE THIS PAGE]

INDIANAPOLIS CITY-COUNTY COUNCIL ETHICS DISCLOSURE STATEMENT

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Failure to file this form in a timely manner may subject the Councillor or candidate to sanctions by the Ethics Committee of the City-County Council.

ALL QUESTIONS MUST BE ANSWERED COMPLETELY AND LEGIBLY

1. a. Your Name: Plowman, Lincoln L.

b. Your Residence:

7356 Oxbridge Place
Indianapolis, IN 46259

c. Your Business Address:

7815 S. Emerson Ave., #269
Indianapolis, IN 46237

2. a. Did You Receive Compensation From Any Employers in the Prior Year?
YES ☒ NO ☐

If Yes, the Name and Address of all Such Employers

Employer's Name: Indianapolis Metropolitan Police Department

Employer's Address: 50 N. Alabama St.

Indianapolis, IN ~~46204~~ (46204)

[IF YOU HAD MORE THAN ONE EMPLOYER, USE ADDITIONAL SHEETS]

b. Were You Self-Employed?

YES ☐ NO ☒

If Yes, the Nature of Such Business and the Name Under Which Conducted:

Nature of the Business: _____

Name under Which Such Business was Conducted: _____

- 1x90
3. a. During the Prior Calendar Year, Did Your Spouse Receive Compensation in excess of \$5000.00 from an Employer?
YES ___ NO X

If Yes, the Name and Address of Such Employer

Employer's Name: _____

Employer's Address: _____

[IF YOUR SPOUSE WAS PAID \$5000.00 BY ADDITIONAL EMPLOYERS USE ADDITIONAL SHEETS]

- b. During the Prior Calendar Year, Did Any of Your Dependant Children Receive Compensation in Excess of \$5000.00 from an Employer?
YES ___ NO X

If Yes, the Name and Address of Such Employer

Name of Dependant Child _____

Employer's Name _____

Employer's Address _____

[IF YOUR DEPENDANT CHILDREN HAD OTHER EMPLOYERS WHO PAID THEM OVER \$5000.00 USE ADDITIONAL SHEETS]

4. Did You, Your Spouse or any of Your Dependant Children Either
(i) Serve as an Officer of,
(ii) Own an Equity Interest or Interest in the Earnings or Profits that Individually or in the Aggregate Exceeds 10%, in, or
(iii) Directly or Indirectly Receive Compensation, in Aggregate in Excess of \$5000.00
During the Past Year, from
Any Business that did Business with or Solicited Business with the City or County?

YES ___ NO X

If Yes, the Name and Addresses of Such Business Entities

Entity's Name:

Entity's Address:

[IF YOU, YOUR SPOUSE OR DEPENDANT CHILDREN HAD OTHER ENTITIES THAT MUST BE DISCLOSED ATTACH ADDITIONAL SHEETS]

5. Did You, Your Spouse, or any Dependant Child Serve as an Officer or Board Member of any Organization that Received or Applied for Funding from the City or County?

YES ___ NO X

If Yes, The Name and Address of such Organization or Organizations:

Person Serving: Councillor: ___ Spouse ___ Dependant Child _____

Name of Organization:

Address of Organization:

[IF YOU, YOUR SPOUSE OR DEPENDANT CHILDREN HAD POSITIONS IN OTHER ORGANIZATIONS THAT MUST BE DISCLOSED ATTACH ADDITIONAL SHEETS]

6. *Except for Campaign Donations , Subject to IC 3-9-2 and Reported in Accordance with Law or Gifts from Persons Including Family Members with whom you have an On-Going Social Relationship not Related to Service on the Council Which are not Subject to Reporting on this form, did you Receive any Gifts, or Other Items, Valued Over \$100, or in the Aggregate over \$250, in the Prior Year From Any Person or Firm that does Business with or Seeks to do Business with the City or County or which Seeks to Influence Council Action?*

YES ___ NO X

If Yes, List the Names of Such Persons or Firms:

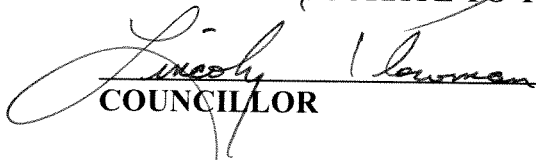
7. **I ACKNOWLEDGE THAT IF ANY ITEMS REPORTED IN ITEMS 1 THROUGH 4 ABOVE CHANGE DURING THE YEAR I WILL UPDATE SUCH INFORMATION WITHIN 45 DAYS OF THE CHANGE.**

If the Space Provided on this Form is Inadequate, Additional Sheets may be used to Provide the Additional Information. **Are You Attaching Additional Sheets?**

YES X NO ___

If Yes, How May Additional Sheets are Attached? 1

I AFFIRM UNDER PENALTIES FOR PERJURY THAT MY STATEMENTS ARE TRUE AND ACCURATE TO THE BEST OF MY KNOWLEDGE.


COUNCILLOR

6/8/09
DATE

SIGN, DATE AND RETURN TO: CLERK OF THE COUNCIL, 241 CITY-COUNTY BUILDING, INDIANAPOLIS, INDIANA, 46204.

**INDIANAPOLIS CITY-COUNTY COUNCIL
ETHICS DISCLOSURE STATEMENT**

ADDITIONAL SHEET 1 OF 1.

ADDITIONAL RESPONSE TO QUESTION 2

APPLICABLE TO: COUNCILLOR ☒ CANDIDATE ☐ SPOUSE ☐
DEPENDANT CHILD ☐

PERSON, ENTITY OR ORGANIZATION Marion County - Indianapolis
City-County Council

ADDRESS: 50 N. Alabama St.

Indianapolis, IN 46204

ADDITIONAL RESPONSE TO QUESTION _____

APPLICABLE TO: COUNCILLOR ☐ CANDIDATE ☐ SPOUSE ☐
DEPENDANT CHILD ☐

PERSON, ENTITY OR ORGANIZATION _____

ADDRESS: _____

ADDITIONAL RESPONSE TO QUESTION _____

APPLICABLE TO: COUNCILLOR ☐ CANDIDATE ☐ SPOUSE ☐
DEPENDANT CHILD ☐

PERSON, ENTITY OR ORGANIZATION _____

ADDRESS: _____

[IF MORE SHEETS ARE NEEDED, DUPLICATE THIS PAGE]

**INDIANAPOLIS CITY-COUNTY COUNCIL
ETHICS DISCLOSURE STATEMENT**

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Failure to file this form in a timely manner may subject the councillor or candidate to sanctions by the Ethics Committee of the City-County Council.

ALL QUESTIONS MUST BE ANSWERED COMPLETELY AND LEGIBLY

1. a. **YOUR NAME** Joanne M. Sanders

b. **YOUR RESIDENCE** 5144 N Carrollton Avenue
 Indianapolis, IN 46205

c. **YOUR BUSINESS ADDRESS** Same as above
2. a. **DID YOU RECEIVE COMPENSATION FROM ANY EMPLOYERS IN THE PRIOR YEAR?** YES ☒ NO ☐

IF YES, THE NAME AND ADDRESS OF ALL SUCH EMPLOYERS

EMPLOYER'S NAME International Alliance of Theatrical Stage Employees

EMPLOYER'S ADDRESS 1430 Broadway, 20th Floor
 New York, NY 10018

[IF YOU HAD MORE THAN ONE EMPLOYER, USE ADDITIONAL SHEETS]

b. WERE YOU SELF-EMPLOYED? YES ___ NO X___

IF YES, THE NATURE OF SUCH BUSINESS AND THE NAME UNDER WHICH CONDUCTED:

NATURE OF THE BUSINESS _____ N/A _____

NAME UNDER WHICH SUCH BUSINESS WAS CONDUCTED _____ N/A _____

3. a. DURING THE PRIOR CALENDAR YEAR, DID YOUR SPOUSE RECEIVE COMPENSATION IN EXCESS OF \$5000.00 FROM AN EMPLOYER?
YES ___ NO ___ N/A

IF YES, THE NAME AND ADDRESS OF SUCH EMPLOYER

EMPLOYER'S NAME _____ N/A _____

EMPLOYER'S ADDRESS _____ N/A _____

[IF YOUR SPOUSE WAS PAID \$5000.00 BY ADDITIONAL EMPLOYERS USE ADDITIONAL SHEETS]

b. DURING THE PRIOR CALENDAR YEAR, DID ANY OF YOUR DEPENDANT CHILDREN RECEIVE COMPENSATION IN EXCESS OF \$5000.00 FROM AN EMPLOYER? YES ___ NO ___ N/A

IF YES, THE NAME AND ADDRESS OF SUCH EMPLOYER

NAME OF DEPENDANT CHILD _____ N/A _____

EMPLOYER'S NAME _____ N/A _____

EMPLOYER'S ADDRESS _____ N/A _____

[IF YOUR DEPENDANT CHILDREN HAD OTHER EMPLOYERS WHO PAID THEM OVER \$5000.00 USE ADDITIONAL SHEETS]

4. DID YOU, YOUR SPOUSE OR ANY OF YOUR DEPENDANT CHILDREN EITHER
(1) SERVE AS AN OFFICER OF,
(2) OWN AN EQUITY INTEREST OR INTEREST IN THE EARNINGS OR PROFITS
THAT INDIVIDUALLY OR IN THE AGGREGATE EXCEEDS 10%, IN, OR
(3) DIRECTLY OR INDIRECTLY RECEIVE COMPENSATION, IN AGGREGATE IN
EXCESS OF \$5000.00 DURING THE PAST YEAR, FROM

IN ANY BUSINESS YEAR THAT DID BUSINESS WITH OR SOLICITED BUSINESS
WITH THE CITY OR COUNTY? YES ___ NO X___

IF YES, THE NAME AND ADDRESSES OF SUCH BUSINESS ENTITIES

ENTITY'S NAME _____N/A_____

ENTITY'S ADDRESS _____

*[IF YOU, YOUR SPOUSE OR DEPENDANT CHILDREN HAD OTHER ENTITIES THAT
MUST BE DISCLOSED ATTACH ADDITIONAL SHEETS]*

5. DID YOU, YOUR SPOUSE, OR ANY DEPENDANT CHILD SERVE AS AN OFFICER
OR BOARD MEMBER OF ANY ORGANIZATION THAT RECEIVED OR APPLIED
FOR FUNDING FROM THE CITY OR COUNTY? YES X___ NO ___

IF YES, THE NAME AND ADDRESS OF SUCH ORGANIZATION OR
ORGANIZATIONS:

PERSON SERVING:

COUNCILLOR X___ SPOUSE _____ DEPENDANT CHILD _____

NAME OF ORGANIZATION Indianapolis Downtown, Inc.

ADDRESS OF ORGANIZATION 111 Monument Circle Suite 1600
Indianapolis, IN 46204

*IF YOU, YOUR SPOUSE OR DEPENDANT CHILDREN HAD POSITIONS IN OTHER
ORGANIZATIONS THAT MUST BE DISCLOSED ATTACH ADDITIONAL SHEETS]*

6. EXCEPT FOR CAMPAIGN DONATIONS, SUBJECT TO IC 3-9-2 AND REPORTED IN ACCORDANCE WITH LAW OR GIFTS FROM PERSONS INCLUDING FAMILY MEMBERS WITH WHOM YOU HAVE AN ON-GOING SOCIAL RELATIONSHIP NOT RELATED TO SERVICE ON THE COUNCIL WHICH ARE NOT SUBJECT TO REPORTING ON THIS FORM, DID YOU RECEIVE ANY GIFTS, OR OTHER ITEMS, VALUED OVER \$100, OR IN THE AGGREGATE OVER \$250, IN THE PRIOR YEAR FROM ANY PERSON OR FIRM THAT DOES BUSINESS WITH OR SEEKS TO DO BUSINESS WITH THE CITY OR COUNTY OR WHICH SEEKS TO INFLUENCE COUNCIL ACTION? YES X NO

IF YES, LIST THE NAMES OF SUCH PERSONS OR FIRMS

Indianapolis Motor Speedway (2 tix each to 3 primary races):

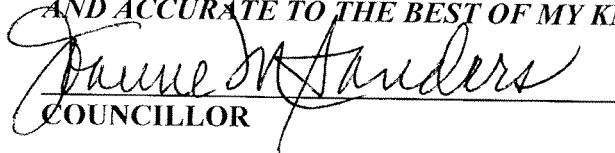
Indianapolis Airport Authority (parking pass)

7. I ACKNOWLEDGE THAT IF ANY ITEMS REPORTED IN ITEMS 1 THROUGH 4 ABOVE CHANGE DURING THE YEAR I WILL UPDATE SUCH INFORMATION WITHIN 45 DAYS OF THE CHANGE.

IF THE SPACE PROVIDED ON THIS FORM IS INADEQUATE, ADDITIONAL SHEETS MAY BE USED TO PROVIDE THE ADDITIONAL INFORMATION. ARE YOU ATTACHING ADDITIONAL SHEETS? YES X NO

IF YES, HOW MANY ADDITIONAL SHEETS ARE ATTACHED? 1

I AFFIRM UNDER PENALTIES FOR PERJURY THAT MY STATEMENTS ARE TRUE AND ACCURATE TO THE BEST OF MY KNOWLEDGE.


COUNCILLOR

January 8, 2009
DATE

SIGN, DATE AND RETURN TO: CLERK OF THE COUNCIL, 241 CITY-COUNTY BUILDING, INDIANAPOLIS, INDIANA, 46204.

ADDITIONAL RESPONSE TO QUESTION 5

PERSON, ENTITY OR ORGANIZATION ICVA

ADDITIONAL RESPONSE TO QUESTION 5

PERSON, ENTITY OR ORGANIZATION Bethlehem House

ADDITIONAL RESPONSE TO QUESTION 5

PERSON, ENTITY OR ORGANIZATION IMA/ Government Affairs Committee

[IF MORE SHEETS ARE NEEDED, DUPLICATE THIS PAGE]

January Luncheon featuring Todd Rokita!

Thursday, January 14, 2010 at 11:45am15 guests attending

Clem, Ryan	Attending
Davis, Anne	Attending
Davis, Holly	Attending
Flynn, Tory	Attending
Gibson, Ashley	Attending
Hoff, Maura	Attending
Liggett, Harry	Attending
Moberly, Robyn	Attending
Mullin, Paul	Attending
Newcomer, Sandy	Attending
Servaes, Dana	Attending
Steltenpohl, Marita	Attending
Swander, Katie	Attending
Thompson, Melissa	Attending
Westrick, Mindy	Attending

**INDIANAPOLIS CITY-COUNTY COUNCIL
ETHICS DISCLOSURE STATEMENT**

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ALL QUESTIONS MUST BE ANSWERED COMPLETELY AND LEGIBLY

1. a. YOUR NAME Christine Scales
b. YOUR RESIDENCE 5133 Plantation Drive, Indianapolis, IN 46250
c. YOUR BUSINESS ADDRESS 201 City County Building, 200 East Washington Street
Indpls, IN 46204
2. a. DID YOU RECEIVE COMPENSATION FROM ANY EMPLOYERS IN THE
PRIOR YEAR? YES ☐ NO ☒ Only City Council work

IF YES, THE NAME AND ADDRESS OF ALL SUCH EMPLOYERS

EMPLOYER'S NAME _____

EMPLOYER'S ADDRESS _____

[IF YOU HAD MORE THAN ONE EMPLOYER, USE ADDITIONAL SHEETS]

b. WERE YOU SELF-EMPLOYED? YES ___ NO X

IF YES, THE NATURE OF SUCH BUSINESS AND THE NAME UNDER WHICH CONDUCTED:

NATURE OF THE BUSINESS Ø

NAME UNDER WHICH SUCH BUSINESS WAS CONDUCTED Ø

3. a. DURING THE PRIOR CALENDAR YEAR, DID YOUR SPOUSE RECEIVE COMPENSATION IN EXCESS OF \$5000.00 FROM AN EMPLOYER?
YES X NO ___

IF YES, THE NAME AND ADDRESS OF SUCH EMPLOYER

EMPLOYER'S NAME Radiology Associates of Indianapolis

EMPLOYER'S ADDRESS 1500 Albany Street, Beech Grove, IN 46107

[IF YOUR SPOUSE WAS PAID \$5000.00 BY ADDITIONAL EMPLOYERS USE ADDITIONAL SHEETS]

b. DURING THE PRIOR CALENDAR YEAR, DID ANY OF YOUR DEPENDANT CHILDREN RECEIVE COMPENSATION IN EXCESS OF \$5000.00 FROM AN EMPLOYER? YES ___ NO X

IF YES, THE NAME AND ADDRESS OF SUCH EMPLOYER

NAME OF DEPENDANT CHILD Ø

EMPLOYER'S NAME Ø

EMPLOYER'S ADDRESS Ø

[IF YOUR DEPENDANT CHILDREN HAD OTHER EMPLOYERS WHO PAID THEM OVER \$5000.00 USE ADDITIONAL SHEETS]

4. DID YOU, YOUR SPOUSE OR ANY OF YOUR DEPENDANT CHILDREN EITHER
(1) SERVE AS AN OFFICER OF,
(2) OWN AN EQUITY INTEREST OR INTEREST IN THE EARNINGS OR PROFITS
THAT INDIVIDUALLY OR IN THE AGGREGATE EXCEEDS 10%, IN, OR
(3) DIRECTLY OR INDIRECTLY RECEIVE COMPENSATION, IN AGGREGATE
IN EXCESS OF \$5000.00 DURING THE PAST YEAR, FROM

IN ANY BUSINESS YEAR THAT DID BUSINESS WITH OR SOLICITED BUSINESS
WITH THE CITY OR COUNTY? YES ___ NO ☒

IF YES, THE NAME AND ADDRESSES OF SUCH BUSINESS ENTITIES

ENTITY'S NAME 0

ENTITY'S ADDRESS 0

[IF YOU, YOUR SPOUSE OR DEPENDANT CHILDREN HAD OTHER ENTITIES THAT
MUST BE DISCLOSED ATTACH ADDITIONAL SHEETS]

5. DID YOU, YOUR SPOUSE, OR ANY DEPENDANT CHILD SERVE AS AN OFFICER
OR BOARD MEMBER OF ANY ORGANIZATION THAT RECEIVED OR APPLIED
FOR FUNDING FROM THE CITY OR COUNTY? YES ☒ NO ___

IF YES, THE NAME AND ADDRESS OF SUCH ORGANIZATION OR
ORGANIZATIONS: United NorthEast Community Development Corp.

PERSON SERVING:
COUNCILLOR ☒ SPOUSE ___ DEPENDANT CHILD ___

NAME OF ORGANIZATION above

ADDRESS OF ORGANIZATION 3636 E. 38th Street, Lyndale
46218

IF YOU, YOUR SPOUSE OR DEPENDANT CHILDREN HAD POSITIONS IN OTHER
ORGANIZATIONS THAT MUST BE DISCLOSED ATTACH ADDITIONAL SHEETS]

**INDIANAPOLIS CITY-COUNTY COUNCIL
ETHICS DISCLOSURE STATEMENT**

ADDITIONAL SHEET ____ OF ____.

N/A

ADDITIONAL RESPONSE TO QUESTION _____

APPLICABLE TO: COUNCILLOR ____ CANDIDATE ____ SPOUSE ____
DEPENDANT CHILD _____

PERSON, ENTITY OR ORGANIZATION _____

ADDRESS: _____

ADDITIONAL RESPONSE TO QUESTION _____

X

APPLICABLE TO: COUNCILLOR ____ CANDIDATE ____ SPOUSE ____
DEPENDANT CHILD _____

PERSON, ENTITY OR ORGANIZATION _____

ADDRESS: _____

ADDITIONAL RESPONSE TO QUESTION _____

APPLICABLE TO: COUNCILLOR ____ CANDIDATE ____ SPOUSE ____
DEPENDANT CHILD _____

PERSON, ENTITY OR ORGANIZATION _____

ADDRESS: _____

[IF MORE SHEETS ARE NEEDED, DUPLICATE THIS PAGE]

6. EXCEPT FOR CAMPAIGN DONATIONS, SUBJECT TO IC 3-9-2 AND REPORTED IN ACCORDANCE WITH LAW OR GIFTS FROM PERSONS INCLUDING FAMILY MEMBERS WITH WHOM YOU HAVE AN ON-GOING SOCIAL RELATIONSHIP NOT RELATED TO SERVICE ON THE COUNCIL WHICH ARE NOT SUBJECT TO REPORTING ON THIS FORM, DID YOU RECEIVE ANY GIFTS, OR OTHER ITEMS, VALUED OVER \$100, OR IN THE AGGREGATE OVER \$250, IN THE PRIOR YEAR FROM ANY PERSON OR FIRM THAT DOES BUSINESS WITH OR SEEKS TO DO BUSINESS WITH THE CITY OR COUNTY OR WHICH SEEKS TO INFLUENCE COUNCIL ACTION? YES ☐ NO ☒

IF YES, LIST THE NAMES OF SUCH PERSONS OR FIRMS

From Mayor's Office - 2 City tickets for game on Dec. 27th, (I) Requested availability of tickets (2) for sons' use - any seat, any drive level. I expected to pay for them. The 2 tickets received were standing Room only / Mayor's Suite. Compensation for them 7. I ACKNOWLEDGE THAT IF ANY ITEMS REPORTED IN ITEMS 1 THROUGH 4 WERE ABOVE CHANGE DURING THE YEAR I WILL UPDATE SUCH INFORMATION WITHIN 45 DAYS OF THE CHANGE.

IF THE SPACE PROVIDED ON THIS FORM IS INADEQUATE, ADDITIONAL SHEETS MAY BE USED TO PROVIDE THE ADDITIONAL INFORMATION. ARE YOU ATTACHING ADDITIONAL SHEETS? YES ☐ NO ☐ IF YES, HOW MANY ADDITIONAL SHEETS ARE ATTACHED? _____

I AFFIRM UNDER PENALTIES FOR PERJURY THAT MY STATEMENTS ARE TRUE AND ACCURATE TO THE BEST OF MY KNOWLEDGE.

COUNCILOR Christine Jones
DATE Feb. 1, 2009

SIGN, DATE AND RETURN TO: CLERK OF THE COUNCIL, 241 CITY-COUNTY BUILDING, INDIANAPOLIS, INDIANA, 46204.

Additional Information:

Indianapolis Motor Speedway sends two engraved glasses each year to councilors. I imagine glasses are sent to many entities, so their value may reflect a bulk purchase price. Estimated value of \$30-50.00 each.

a) IPL sponsored dinner for Councilors, Capital Grill, March 16th, 2009. Venue is an expensive one. Cost of my meal may have come to \$100.00

**INDIANAPOLIS CITY-COUNTY COUNCIL
ETHICS DISCLOSURE STATEMENT**

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ALL QUESTIONS MUST BE ANSWERED COMPLETELY AND LEGIBLY

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- c. YOUR BUSINESS ADDRESS 201 City County Building, 200 East Washington Street
Indpls, IN 46204
2. a. DID YOU RECEIVE COMPENSATION FROM ANY EMPLOYERS IN THE
PRIOR YEAR? YES ☐ NO ☒ Only City Council work

IF YES, THE NAME AND ADDRESS OF ALL SUCH EMPLOYERS

EMPLOYER'S NAME _____

EMPLOYER'S ADDRESS _____

[IF YOU HAD MORE THAN ONE EMPLOYER, USE ADDITIONAL SHEETS]

Christine Scales
P.2b. WERE YOU SELF-EMPLOYED? YES ___ NO X

IF YES, THE NATURE OF SUCH BUSINESS AND THE NAME UNDER WHICH CONDUCTED:

NATURE OF THE BUSINESS ØNAME UNDER WHICH SUCH BUSINESS WAS CONDUCTED Ø

3. a. DURING THE PRIOR CALENDAR YEAR, DID YOUR SPOUSE RECEIVE COMPENSATION IN EXCESS OF \$5000.00 FROM AN EMPLOYER?

YES X NO ___

IF YES, THE NAME AND ADDRESS OF SUCH EMPLOYER

EMPLOYER'S NAME Radiology Associates of IndianapolisEMPLOYER'S ADDRESS 1500 Albany Street, Beech Grove, IN 46107

[IF YOUR SPOUSE WAS PAID \$5000.00 BY ADDITIONAL EMPLOYERS USE ADDITIONAL SHEETS]

b. DURING THE PRIOR CALENDAR YEAR, DID ANY OF YOUR DEPENDANT CHILDREN RECEIVE COMPENSATION IN EXCESS OF \$5000.00 FROM AN EMPLOYER? YES ___ NO X

IF YES, THE NAME AND ADDRESS OF SUCH EMPLOYER

NAME OF DEPENDANT CHILD ØEMPLOYER'S NAME ØEMPLOYER'S ADDRESS Ø

[IF YOUR DEPENDANT CHILDREN HAD OTHER EMPLOYERS WHO PAID THEM OVER \$5000.00 USE ADDITIONAL SHEETS]

Christine Scale
Page 5

6. EXCEPT FOR CAMPAIGN DONATIONS, SUBJECT TO IC 3-9-2 AND REPORTED IN ACCORDANCE WITH LAW OR GIFTS FROM PERSONS INCLUDING FAMILY MEMBERS WITH WHOM YOU HAVE AN ON-GOING SOCIAL RELATIONSHIP NOT RELATED TO SERVICE ON THE COUNCIL WHICH ARE NOT SUBJECT TO REPORTING ON THIS FORM, DID YOU RECEIVE ANY GIFTS, OR OTHER ITEMS, VALUED OVER \$100, OR IN THE AGGREGATE OVER \$250, IN THE PRIOR YEAR FROM ANY PERSON OR FIRM THAT DOES BUSINESS WITH OR SEEKS TO DO BUSINESS WITH THE CITY OR COUNTY OR WHICH SEEKS TO INFLUENCE COUNCIL ACTION? YES ☒ NO ☐

IF YES, LIST THE NAMES OF SUCH PERSONS OR FIRMS

From Mayor's Office - 2 Colt's tickets for game on Dec. 27th.
(1) Requested availability of tickets (2) for some use - any seat, any drive level. I expected to pay for them. The 2 tickets received were standing Room Only / Mayor's Suite. Compensation for them
7. I ACKNOWLEDGE THAT IF ANY ITEMS REPORTED IN ITEMS 1 THROUGH 4 WAS ABOVE CHANGE DURING THE YEAR I WILL UPDATE SUCH INFORMATION declined.
WITHIN 45 DAYS OF THE CHANGE.

IF THE SPACE PROVIDED ON THIS FORM IS INADEQUATE, ADDITIONAL SHEETS MAY BE USED TO PROVIDE THE ADDITIONAL INFORMATION. ARE YOU ATTACHING ADDITIONAL SHEETS? YES ☐ NO ☐
IF YES, HOW MANY ADDITIONAL SHEETS ARE ATTACHED? _____

I AFFIRM UNDER PENALTIES FOR PERJURY THAT MY STATEMENTS ARE TRUE AND ACCURATE TO THE BEST OF MY KNOWLEDGE.

Christine Scale
COUNCILLOR

Feb. 1, 2010
DATE

SIGN, DATE AND RETURN TO: CLERK OF THE COUNCIL, 241 CITY-COUNTY BUILDING, INDIANAPOLIS, INDIANA, 46204.

Additional Information:

- 1) Indianapolis Motor Speedway sends two engraved glasses each year to Councillors. I imagine glasses are sent to many entities, so their value may reflect a bulk purchase price. Estimated value of \$30-50.00 each.
- 2) IPL sponsored dinner for Councillors, Capital Grill March 16th, 2009. Venue is an expensive one. Cost of my meal may have come to \$100.00

Christine Sales
Page 3

4. DID YOU, YOUR SPOUSE OR ANY OF YOUR DEPENDANT CHILDREN EITHER
- (1) SERVE AS AN OFFICER OF,
 - (2) OWN AN EQUITY INTEREST OR INTEREST IN THE EARNINGS OR PROFITS THAT INDIVIDUALLY OR IN THE AGGREGATE EXCEEDS 10%, IN, OR
 - (3) DIRECTLY OR INDIRECTLY RECEIVE COMPENSATION, IN AGGREGATE IN EXCESS OF \$5000.00 DURING THE PAST YEAR, FROM

IN ANY BUSINESS YEAR THAT DID BUSINESS WITH OR SOLICITED BUSINESS WITH THE CITY OR COUNTY? YES ___ NO ☒

IF YES, THE NAME AND ADDRESSES OF SUCH BUSINESS ENTITIES

ENTITY'S NAME 0

ENTITY'S ADDRESS 0

[IF YOU, YOUR SPOUSE OR DEPENDANT CHILDREN HAD OTHER ENTITIES THAT MUST BE DISCLOSED ATTACH ADDITIONAL SHEETS]

5. DID YOU, YOUR SPOUSE, OR ANY DEPENDANT CHILD SERVE AS AN OFFICER OR BOARD MEMBER OF ANY ORGANIZATION THAT RECEIVED OR APPLIED FOR FUNDING FROM THE CITY OR COUNTY? YES ☒ NO ___

IF YES, THE NAME AND ADDRESS OF SUCH ORGANIZATION OR

ORGANIZATIONS: United Northeast Community Development Corp.

PERSON SERVING:

COUNCILLOR ☒ SPOUSE ___ DEPENDANT CHILD ___

NAME OF ORGANIZATION above

ADDRESS OF ORGANIZATION 3636 E. 38th Street, Indianapolis, IN 46218

IF YOU, YOUR SPOUSE OR DEPENDANT CHILDREN HAD POSITIONS IN OTHER ORGANIZATIONS THAT MUST BE DISCLOSED ATTACH ADDITIONAL SHEETS]

Christine Scale
Page 4**INDIANAPOLIS CITY-COUNTY COUNCIL
ETHICS DISCLOSURE STATEMENT**

ADDITIONAL SHEET ____ OF ____.

N/A

ADDITIONAL RESPONSE TO QUESTION _____

APPLICABLE TO: COUNCILLOR ____ CANDIDATE ____ SPOUSE ____
DEPENDANT CHILD _____

PERSON, ENTITY OR ORGANIZATION _____

ADDRESS: _____

ADDITIONAL RESPONSE TO QUESTION _____

APPLICABLE TO: COUNCILLOR ____ CANDIDATE ____ SPOUSE ____
DEPENDANT CHILD _____

PERSON, ENTITY OR ORGANIZATION _____

ADDRESS: _____

ADDITIONAL RESPONSE TO QUESTION _____

APPLICABLE TO: COUNCILLOR ____ CANDIDATE ____ SPOUSE ____
DEPENDANT CHILD _____

PERSON, ENTITY OR ORGANIZATION _____

ADDRESS: _____

[IF MORE SHEETS ARE NEEDED, DUPLICATE THIS PAGE]

**INDIANAPOLIS CITY-COUNTY COUNCIL
ETHICS DISCLOSURE STATEMENT**

Sec. 151-1123 of the Revised Code of the Consolidated City and County requires all Councillors and any declared candidate for City-County Council to file this statement. For the year 2009, the statement is due July 1, 2009. Thereafter, the statement is due February 1 or within 30 days of taking office. Candidates are required to file before or at the same time as filing a candidate's declaration or petition.

Failure to file this form in a timely manner may subject the councillor or candidate to sanctions by the Ethics Committee of the City-County Council.

ALL QUESTIONS MUST BE ANSWERED COMPLETELY AND LEGIBLY

1. a. YOUR NAME Kent B. Smith
- b. YOUR RESIDENCE 1122 Brook Lane, Indiana Indianapolis 46202
- c. YOUR BUSINESS ADDRESS same as above
2. a. DID YOU RECEIVE COMPENSATION FROM ANY EMPLOYERS IN THE PRIOR YEAR? YES X NO

IF YES, THE NAME AND ADDRESS OF ALL SUCH EMPLOYERS

EMPLOYER'S NAME Military Department of Indiana

EMPLOYER'S ADDRESS 2002 S. Holt Rd
Indianapolis Indiana 46202

[IF YOU HAD MORE THAN ONE EMPLOYER, USE ADDITIONAL SHEETS]

b. WERE YOU SELF-EMPLOYED? YES x NO ____

IF YES, THE NATURE OF SUCH BUSINESS AND THE NAME UNDER WHICH CONDUCTED:

NATURE OF THE BUSINESS Small Business Consulting

NAME UNDER WHICH SUCH BUSINESS WAS CONDUCTED KBS Consulting

3. a. DURING THE PRIOR CALENDAR YEAR, DID YOUR SPOUSE RECEIVE COMPENSATION IN EXCESS OF \$5000.00 FROM AN EMPLOYER?
YES x NO ____

IF YES, THE NAME AND ADDRESS OF SUCH EMPLOYER

EMPLOYER'S NAME Department of Workforce Development

EMPLOYER'S ADDRESS 805 Beechway Drive
Indianapolis Indiana 46222

[IF YOUR SPOUSE WAS PAID \$5000.00 BY ADDITIONAL EMPLOYERS USE ADDITIONAL SHEETS]

b. DURING THE PRIOR CALENDAR YEAR, DID ANY OF YOUR DEPENDANT CHILDREN RECEIVE COMPENSATION IN EXCESS OF \$5000.00 FROM AN EMPLOYER? YES ____ NO x

IF YES, THE NAME AND ADDRESS OF SUCH EMPLOYER

NAME OF DEPENDANT CHILD _____

EMPLOYER'S NAME _____

EMPLOYER'S ADDRESS _____

[IF YOUR DEPENDANT CHILDREN HAD OTHER EMPLOYERS WHO PAID THEM OVER \$5000.00 USE ADDITIONAL SHEETS]

4. DID YOU, YOUR SPOUSE OR ANY OF YOUR DEPENDANT CHILDREN EITHER
- (1) SERVE AS AN OFFICER OF,
 - (2) OWN AN EQUITY INTEREST OR INTEREST IN THE EARNINGS OR PROFITS THAT INDIVIDUALLY OR IN THE AGGREGATE EXCEEDS 10%, IN, OR
 - (3) DIRECTLY OR INDIRECTLY RECEIVE COMPENSATION, IN AGGREGATE IN EXCESS OF \$5000.00 DURING THE PAST YEAR, FROM

IN ANY BUSINESS YEAR THAT DID BUSINESS WITH OR SOLICITED BUSINESS WITH THE CITY OR COUNTY? YES ___ NO X

IF YES, THE NAME AND ADDRESSES OF SUCH BUSINESS ENTITIES

ENTITY'S NAME _____

ENTITY'S ADDRESS _____

[IF YOU, YOUR SPOUSE OR DEPENDANT CHILDREN HAD OTHER ENTITIES THAT MUST BE DISCLOSED ATTACH ADDITIONAL SHEETS]

5. DID YOU, YOUR SPOUSE, OR ANY DEPENDANT CHILD SERVE AS AN OFFICER OR BOARD MEMBER OF ANY ORGANIZATION THAT RECEIVED OR APPLIED FOR FUNDING FROM THE CITY OR COUNTY? YES X NO X

IF YES, THE NAME AND ADDRESS OF SUCH ORGANIZATION OR ORGANIZATIONS:

PERSON SERVING:

COUNCILLOR X SPOUSE ___ DEPENDANT CHILD ___

NAME OF ORGANIZATION 21st Century Charter School

ADDRESS OF ORGANIZATION Indianapolis Indiana 46201

IF YOU, YOUR SPOUSE OR DEPENDANT CHILDREN HAD POSITIONS IN OTHER ORGANIZATIONS THAT MUST BE DISCLOSED ATTACH ADDITIONAL SHEETS]

6. EXCEPT FOR CAMPAIGN DONATIONS , SUBJECT TO IC 3-9-2 AND REPORTED IN ACCORDANCE WITH LAW OR GIFTS FROM PERSONS INCLUDING FAMILY MEMBERS WITH WHOM YOU HAVE AN ON-GOING SOCIAL RELATIONSHIP NOT RELATED TO SERVICE ON THE COUNCIL WHICH ARE NOT SUBJECT TO REPORTING ON THIS FORM, DID YOU RECEIVE ANY GIFTS, OR OTHER ITEMS, VALUED OVER \$100, OR IN THE AGGREGATE OVER \$250, IN THE PRIOR YEAR FROM ANY PERSON OR FIRM THAT DOES BUSINESS WITH OR SEEKS TO DO BUSINESS WITH THE CITY OR COUNTY OR WHICH SEEKS TO INFLUENCE COUNCIL ACTION? YES ___ NO X

IF YES, LIST THE NAMES OF SUCH PERSONS OR FIRMS

7. I ACKNOWLEDGE THAT IF ANY ITEMS REPORTED IN ITEMS 1 THROUGH 4 ABOVE CHANGE DURING THE YEAR I WILL UPDATE SUCH INFORMATION WITHIN 45 DAYS OF THE CHANGE.

IF THE SPACE PROVIDED ON THIS FORM IS INADEQUATE, ADDITIONAL SHEETS MAY BE USED TO PROVIDE THE ADDITIONAL INFORMATION. ARE YOU ATTACHING ADDITIONAL SHEETS? YES ___ NO X

IF YES, HOW MANY ADDITIONAL SHEETS ARE ATTACHED? _____

I AFFIRM UNDER PENALTIES FOR PERJURY THAT MY STATEMENTS ARE TRUE AND ACCURATE TO THE BEST OF MY KNOWLEDGE.



COUNCILLOR

1 Feb 10
DATE

SIGN, DATE AND RETURN TO: CLERK OF THE COUNCIL, 241 CITY-COUNTY BUILDING, INDIANAPOLIS, INDIANA, 46204.

**INDIANAPOLIS CITY-COUNTY COUNCIL
ETHICS DISCLOSURE STATEMENT**

ADDITIONAL SHEET ____ OF ____.

ADDITIONAL RESPONSE TO QUESTION _____

APPLICABLE TO: COUNCILLOR ____ CANDIDATE ____ SPOUSE ____
DEPENDANT CHILD _____

PERSON, ENTITY OR ORGANIZATION _____

ADDRESS: _____

ADDITIONAL RESPONSE TO QUESTION _____

APPLICABLE TO: COUNCILLOR ____ CANDIDATE ____ SPOUSE ____
DEPENDANT CHILD _____

PERSON, ENTITY OR ORGANIZATION _____

ADDRESS: _____

ADDITIONAL RESPONSE TO QUESTION _____

APPLICABLE TO: COUNCILLOR ____ CANDIDATE ____ SPOUSE ____
DEPENDANT CHILD _____

PERSON, ENTITY OR ORGANIZATION _____

ADDRESS: _____

[IF MORE SHEETS ARE NEEDED, DUPLICATE THIS PAGE]

**INDIANAPOLIS CITY-COUNTY COUNCIL
ETHICS DISCLOSURE STATEMENT**

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Failure to file this form in a timely manner may subject the councillor or candidate to sanctions by the Ethics Committee of the City-County Council.

ALL QUESTIONS MUST BE ANSWERED COMPLETELY AND LEGIBLY

1. a. **YOUR NAME** Mike Speedy
- b. **YOUR RESIDENCE** 4733 Moss Creek Terrace, 46237
- c. **YOUR BUSINESS ADDRESS** 6801 Gray Road, Suite G, 46237
2. a. **DID YOU RECEIVE COMPENSATION FROM ANY EMPLOYERS IN THE
 PRIOR YEAR? YES ☒ NO ☐**

IF YES, THE NAME AND ADDRESS OF ALL SUCH EMPLOYERS

EMPLOYER'S NAME City County Council

EMPLOYER'S ADDRESS _____

[IF YOU HAD MORE THAN ONE EMPLOYER, USE ADDITIONAL SHEETS]

b. WERE YOU SELF-EMPLOYED? YES ☒ NO ☐

IF YES, THE NATURE OF SUCH BUSINESS AND THE NAME UNDER WHICH CONDUCTED:

NATURE OF THE BUSINESS Real Estate Development & Consulting

NAME UNDER WHICH SUCH BUSINESS WAS CONDUCTED American Village Properties, LLC

3. a. DURING THE PRIOR CALENDAR YEAR, DID YOUR SPOUSE RECEIVE COMPENSATION IN EXCESS OF \$5000.00 FROM AN EMPLOYER?
YES ☐ NO ☒

IF YES, THE NAME AND ADDRESS OF SUCH EMPLOYER

EMPLOYER'S NAME _____

EMPLOYER'S ADDRESS _____

[IF YOUR SPOUSE WAS PAID \$5000.00 BY ADDITIONAL EMPLOYERS USE ADDITIONAL SHEETS]

b. DURING THE PRIOR CALENDAR YEAR, DID ANY OF YOUR DEPENDANT CHILDREN RECEIVE COMPENSATION IN EXCESS OF \$5000.00 FROM AN EMPLOYER? YES ☐ NO ☒

IF YES, THE NAME AND ADDRESS OF SUCH EMPLOYER

NAME OF DEPENDANT CHILD _____

EMPLOYER'S NAME _____

EMPLOYER'S ADDRESS _____

[IF YOUR DEPENDANT CHILDREN HAD OTHER EMPLOYERS WHO PAID THEM OVER \$5000.00 USE ADDITIONAL SHEETS]

4. DID YOU, YOUR SPOUSE OR ANY OF YOUR DEPENDANT CHILDREN EITHER
(1) SERVE AS AN OFFICER OF,
(2) OWN AN EQUITY INTEREST OR INTEREST IN THE EARNINGS OR PROFITS
THAT INDIVIDUALLY OR IN THE AGGREGATE EXCEEDS 10%, IN, OR
(3) DIRECTLY OR INDIRECTLY RECEIVE COMPENSATION, IN AGGREGATE IN
EXCESS OF \$5000.00 DURING THE PAST YEAR, FROM

IN ANY BUSINESS YEAR THAT DID BUSINESS WITH OR SOLICITED BUSINESS
WITH THE CITY OR COUNTY? YES ___ NO X

IF YES, THE NAME AND ADDRESSES OF SUCH BUSINESS ENTITIES

ENTITY'S NAME _____

ENTITY'S ADDRESS _____

*[IF YOU, YOUR SPOUSE OR DEPENDANT CHILDREN HAD OTHER ENTITIES THAT
MUST BE DISCLOSED ATTACH ADDITIONAL SHEETS]*

5. DID YOU, YOUR SPOUSE, OR ANY DEPENDANT CHILD SERVE AS AN OFFICER
OR BOARD MEMBER OF ANY ORGANIZATION THAT RECEIVED OR APPLIED
FOR FUNDING FROM THE CITY OR COUNTY? YES ___ NO X

IF YES, THE NAME AND ADDRESS OF SUCH ORGANIZATION OR
ORGANIZATIONS:

PERSON SERVING:

COUNCILLOR ___ SPOUSE ___ DEPENDANT CHILD _____

NAME OF ORGANIZATION _____

ADDRESS OF ORGANIZATION _____

*IF YOU, YOUR SPOUSE OR DEPENDANT CHILDREN HAD POSITIONS IN OTHER
ORGANIZATIONS THAT MUST BE DISCLOSED ATTACH ADDITIONAL SHEETS]*

6. EXCEPT FOR CAMPAIGN DONATIONS , SUBJECT TO IC 3-9-2 AND REPORTED IN ACCORDANCE WITH LAW OR GIFTS FROM PERSONS INCLUDING FAMILY MEMBERS WITH WHOM YOU HAVE AN ON-GOING SOCIAL RELATIONSHIP NOT RELATED TO SERVICE ON THE COUNCIL WHICH ARE NOT SUBJECT TO REPORTING ON THIS FORM, DID YOU RECEIVE ANY GIFTS, OR OTHER ITEMS, VALUED OVER \$100, OR IN THE AGGREGATE OVER \$250, IN THE PRIOR YEAR FROM ANY PERSON OR FIRM THAT DOES BUSINESS WITH OR SEEKS TO DO BUSINESS WITH THE CITY OR COUNTY OR WHICH SEEKS TO INFLUENCE COUNCIL ACTION? YES X NO

IF YES, LIST THE NAMES OF SUCH PERSONS OR FIRMS

Indianapolis Motor Speedway: Two tickets from each of the three annual events held at the
Track.

7. I ACKNOWLEDGE THAT IF ANY ITEMS REPORTED IN ITEMS 1 THROUGH 4 ABOVE CHANGE DURING THE YEAR I WILL UPDATE SUCH INFORMATION WITHIN 45 DAYS OF THE CHANGE.

IF THE SPACE PROVIDED ON THIS FORM IS INADEQUATE, ADDITIONAL SHEETS MAY BE USED TO PROVIDE THE ADDITIONAL INFORMATION. ARE YOU ATTACHING ADDITIONAL SHEETS? YES NO X
IF YES, HOW MANY ADDITIONAL SHEETS ARE ATTACHED?

I AFFIRM UNDER PENALTIES FOR PERJURY THAT MY STATEMENTS ARE TRUE AND ACCURATE TO THE BEST OF MY KNOWLEDGE.

Mike Goetz
COUNCILLOR

2-1-10
DATE

SIGN, DATE AND RETURN TO: CLERK OF THE COUNCIL, 241 CITY-COUNTY BUILDING, INDIANAPOLIS, INDIANA, 46204.

**INDIANAPOLIS CITY-COUNTY COUNCIL
ETHICS DISCLOSURE STATEMENT**

Sec. 151-1123 of the Revised Code of the Consolidated City and County requires all Councillors and any declared candidate for City-County Council to file this statement. For the year 2009, the statement is due July 1, 2009. Thereafter, the statement is due February 1 or within 30 days of taking office. Candidates are required to file before or at the same time as filing a candidate's declaration or petition.

Failure to file this form in a timely manner may subject the councillor or candidate to sanctions by the Ethics Committee of the City-County Council.

ALL QUESTIONS MUST BE ANSWERED COMPLETELY AND LEGIBLY

1. a. YOUR NAME M. Ryan Vaughn
- b. YOUR RESIDENCE
8212 N. College Ave
- c. YOUR BUSINESS ADDRESS
11 S. Meridian, Indpls, 46204
2. a. DID YOU RECEIVE COMPENSATION FROM ANY EMPLOYERS IN THE
PRIOR YEAR? YES ☒ NO ☐

IF YES, THE NAME AND ADDRESS OF ALL SUCH EMPLOYERS

EMPLOYER'S NAME Barney Thornburg LP

EMPLOYER'S ADDRESS 11 S. Meridian

[IF YOU HAD MORE THAN ONE EMPLOYER, USE ADDITIONAL SHEETS]

b. WERE YOU SELF-EMPLOYED? YES ___ NO ☒

IF YES, THE NATURE OF SUCH BUSINESS AND THE NAME UNDER WHICH CONDUCTED:

NATURE OF THE BUSINESS _____

NAME UNDER WHICH SUCH BUSINESS WAS CONDUCTED _____

3. a. DURING THE PRIOR CALENDAR YEAR, DID YOUR SPOUSE RECEIVE COMPENSATION IN EXCESS OF \$5000.00 FROM AN EMPLOYER?

YES ☒ NO ___

IF YES, THE NAME AND ADDRESS OF SUCH EMPLOYER

EMPLOYER'S NAME Rolls-Royce

EMPLOYER'S ADDRESS 2001 S. Tibbet Ave

[IF YOUR SPOUSE WAS PAID \$5000.00 BY ADDITIONAL EMPLOYERS USE ADDITIONAL SHEETS]

b. DURING THE PRIOR CALENDAR YEAR, DID ANY OF YOUR DEPENDANT CHILDREN RECEIVE COMPENSATION IN EXCESS OF \$5000.00 FROM AN EMPLOYER? YES ___ NO ☒

IF YES, THE NAME AND ADDRESS OF SUCH EMPLOYER

NAME OF DEPENDANT CHILD N/A

EMPLOYER'S NAME N/A

EMPLOYER'S ADDRESS N/A

[IF YOUR DEPENDANT CHILDREN HAD OTHER EMPLOYERS WHO PAID THEM OVER \$5000.00 USE ADDITIONAL SHEETS]

4. DID YOU, YOUR SPOUSE OR ANY OF YOUR DEPENDANT CHILDREN EITHER
- (1) SERVE AS AN OFFICER OF,
 - (2) OWN AN EQUITY INTEREST OR INTEREST IN THE EARNINGS OR PROFITS THAT INDIVIDUALLY OR IN THE AGGREGATE EXCEEDS 10%, IN, OR
 - (3) DIRECTLY OR INDIRECTLY RECEIVE COMPENSATION, IN AGGREGATE IN EXCESS OF \$5000.00 DURING THE PAST YEAR, FROM

IN ANY BUSINESS YEAR THAT DID BUSINESS WITH OR SOLICITED BUSINESS WITH THE CITY OR COUNTY? YES ☒ NO ☐

IF YES, THE NAME AND ADDRESSES OF SUCH BUSINESS ENTITIES

ENTITY'S NAME Barnes & Thornburg LLP

ENTITY'S ADDRESS 11. S. Madison St.

[IF YOU, YOUR SPOUSE OR DEPENDANT CHILDREN HAD OTHER ENTITIES THAT MUST BE DISCLOSED ATTACH ADDITIONAL SHEETS]

5. DID YOU, YOUR SPOUSE, OR ANY DEPENDANT CHILD SERVE AS AN OFFICER OR BOARD MEMBER OF ANY ORGANIZATION THAT RECEIVED OR APPLIED FOR FUNDING FROM THE CITY OR COUNTY? YES ☐ NO ☒

IF YES, THE NAME AND ADDRESS OF SUCH ORGANIZATION OR ORGANIZATIONS:

PERSON SERVING:

COUNCILLOR ☐ SPOUSE ☐ DEPENDANT CHILD ☐

NAME OF ORGANIZATION _____

ADDRESS OF ORGANIZATION _____

[IF YOU, YOUR SPOUSE OR DEPENDANT CHILDREN HAD POSITIONS IN OTHER ORGANIZATIONS THAT MUST BE DISCLOSED ATTACH ADDITIONAL SHEETS]

6. EXCEPT FOR CAMPAIGN DONATIONS , SUBJECT TO IC 3-9-2 AND REPORTED IN ACCORDANCE WITH LAW OR GIFTS FROM PERSONS INCLUDING FAMILY MEMBERS WITH WHOM YOU HAVE AN ON-GOING SOCIAL RELATIONSHIP NOT RELATED TO SERVICE ON THE COUNCIL WHICH ARE NOT SUBJECT TO REPORTING ON THIS FORM, DID YOU RECEIVE ANY GIFTS, OR OTHER ITEMS, VALUED OVER \$100, OR IN THE AGGREGATE OVER \$250, IN THE PRIOR YEAR FROM ANY PERSON OR FIRM THAT DOES BUSINESS WITH OR SEEKS TO DO BUSINESS WITH THE CITY OR COUNTY OR WHICH SEEKS TO INFLUENCE COUNCIL ACTION? YES ☒ NO ☐

IF YES, LIST THE NAMES OF SUCH PERSONS OR FIRMS

Indiana Power, Indianapolis Power & Light Short Strategies, Mayor's Office of Indianapolis, Indianapolis Chamber of Commerce, Indiana Convention & Visitor Association

7. I ACKNOWLEDGE THAT IF ANY ITEMS REPORTED IN ITEMS 1 THROUGH 4 ABOVE CHANGE DURING THE YEAR I WILL UPDATE SUCH INFORMATION WITHIN 45 DAYS OF THE CHANGE.

IF THE SPACE PROVIDED ON THIS FORM IS INADEQUATE, ADDITIONAL SHEETS MAY BE USED TO PROVIDE THE ADDITIONAL INFORMATION. ARE YOU ATTACHING ADDITIONAL SHEETS? YES ☐ NO ☒
IF YES, HOW MANY ADDITIONAL SHEETS ARE ATTACHED? N/A

I AFFIRM UNDER PENALTIES FOR PERJURY THAT MY STATEMENTS ARE TRUE AND ACCURATE TO THE BEST OF MY KNOWLEDGE.


COUNCILLOR

2-1-10
DATE

SIGN, DATE AND RETURN TO: CLERK OF THE COUNCIL, 241 CITY-COUNTY BUILDING, INDIANAPOLIS, INDIANA, 46204.

**INDIANAPOLIS CITY-COUNTY COUNCIL
ETHICS DISCLOSURE STATEMENT**

ADDITIONAL SHEET ____ OF ____.

ADDITIONAL RESPONSE TO QUESTION _____

APPLICABLE TO: COUNCILLOR ____ CANDIDATE ____ SPOUSE ____
DEPENDANT CHILD _____

PERSON, ENTITY OR ORGANIZATION _____

ADDRESS: _____

ADDITIONAL RESPONSE TO QUESTION _____

APPLICABLE TO: COUNCILLOR ____ CANDIDATE ____ SPOUSE ____
DEPENDANT CHILD _____

PERSON, ENTITY OR ORGANIZATION _____

ADDRESS: _____

ADDITIONAL RESPONSE TO QUESTION _____

APPLICABLE TO: COUNCILLOR ____ CANDIDATE ____ SPOUSE ____
DEPENDANT CHILD _____

PERSON, ENTITY OR ORGANIZATION _____

ADDRESS: _____

[IF MORE SHEETS ARE NEEDED, DUPLICATE THIS PAGE]

INDIANAPOLIS CITY-COUNTY COUNCIL ETHICS DISCLOSURE STATEMENT

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ALL QUESTIONS MUST BE ANSWERED COMPLETELY AND LEGIBLY

1. a. Your Name: NaTrina S. Moffett
- b. Your Residence: 11624 Eldridge Dr. Indpls. IN 46235
- c. Your Business Address: _____
2. a. Did You Receive Compensation From Any Employers in the Prior Year?
YES ☒ NO ☐

If Yes, the Name and Address of all Such Employers

Employer's Name: City of Indianapolis / City County Council

Employer's Address: 200 E. Washington St., Suite 241
Indpls. IN 46204

[IF YOU HAD MORE THAN ONE EMPLOYER, USE ADDITIONAL SHEETS]

b. Were You Self-Employed?
YES ☐ NO ☒

If Yes, the Nature of Such Business and the Name Under Which Conducted:

Nature of the Business: _____

Name under Which Such Business was Conducted: _____

3. a. During the Prior Calendar Year, Did Your Spouse Receive Compensation in excess of \$5000.00 from an Employer?
YES ___ NO ☒

If Yes, the Name and Address of Such Employer

Employer's Name: _____

Employer's Address: _____

[IF YOUR SPOUSE WAS PAID \$5000.00 BY ADDITIONAL EMPLOYERS USE ADDITIONAL SHEETS]

- b. During the Prior Calendar Year, Did Any of Your Dependant Children Receive Compensation in Excess of \$5000.00 from an Employer?
YES ___ NO ☒

If Yes, the Name and Address of Such Employer

Name of Dependant Child _____

Employer's Name _____

Employer's Address _____

[IF YOUR DEPENDANT CHILDREN HAD OTHER EMPLOYERS WHO PAID THEM OVER \$5000.00 USE ADDITIONAL SHEETS]

4. Did You, Your Spouse or any of Your Dependant Children Either
(i) Serve as an Officer of,
(ii) Own an Equity Interest or Interest in the Earnings or Profits that Individually or in the Aggregate Exceeds 10%, in, or
(iii) Directly or Indirectly Receive Compensation, in Aggregate in Excess of \$5000.00 During the Past Year, from
Any Business that did Business with or Solicited Business with the City or County?

YES ___ NO ☒

If Yes, the Name and Addresses of Such Business Entities

Entity's Name:

Entity's Address:

[IF YOU, YOUR SPOUSE OR DEPENDANT CHILDREN HAD OTHER ENTITIES THAT MUST BE DISCLOSED ATTACH ADDITIONAL SHEETS]

5. Did You, Your Spouse, or any Dependant Child Serve as an Officer or Board Member of any Organization that Received or Applied for Funding from the City or County?
YES ___ NO ☒

If Yes, The Name and Address of such Organization or Organizations:

Person Serving: Councillor: ___ Spouse ___ Dependant Child ___

Name of Organization:

Address of Organization:

[IF YOU, YOUR SPOUSE OR DEPENDANT CHILDREN HAD POSITIONS IN OTHER ORGANIZATIONS THAT MUST BE DISCLOSED ATTACH ADDITIONAL SHEETS]

6. *Except for Campaign Donations , Subject to IC 3-9-2 and Reported in Accordance with Law or Gifts from Persons Including Family Members with whom you have an On-Going Social Relationship not Related to Service on the Council Which are not Subject to Reporting on this form, did you Receive any Gifts, or Other Items, Valued Over \$100, or in the Aggregate over \$250, in the Prior Year From Any Person or Firm that does Business with or Seeks to do Business with the City or County or which Seeks to Influence Council Action?*
YES ___ NO ☒

If Yes, List the Names of Such Persons or Firms:

7. I ACKNOWLEDGE THAT IF ANY ITEMS REPORTED IN ITEMS 1 THROUGH 4 ABOVE CHANGE DURING THE YEAR I WILL UPDATE SUCH INFORMATION WITHIN 45 DAYS OF THE CHANGE.

If the Space Provided on this Form is Inadequate, Additional Sheets may be used to Provide the Additional Information. Are You Attaching Additional Sheets?

YES ___ NO ☒

If Yes, How May Additional Sheets are Attached? _____

I AFFIRM UNDER PENALTIES FOR PERJURY THAT MY STATEMENTS ARE TRUE AND ACCURATE TO THE BEST OF MY KNOWLEDGE.

Yazmina S. Moffett
~~COUNCILOR~~ Assistant Clerk

6/10/09
DATE

SIGN, DATE AND RETURN TO: CLERK OF THE COUNCIL, 241 CITY-COUNTY BUILDING, INDIANAPOLIS, INDIANA, 46204.

**INDIANAPOLIS CITY-COUNTY COUNCIL
ETHICS DISCLOSURE STATEMENT**

ADDITIONAL SHEET ____ OF ____.

ADDITIONAL RESPONSE TO QUESTION _____

APPLICABLE TO: COUNCILLOR ____ CANDIDATE ____ SPOUSE ____
DEPENDANT CHILD _____

PERSON, ENTITY OR ORGANIZATION _____

ADDRESS: _____

ADDITIONAL RESPONSE TO QUESTION _____

APPLICABLE TO: COUNCILLOR ____ CANDIDATE ____ SPOUSE ____
DEPENDANT CHILD _____

PERSON, ENTITY OR ORGANIZATION _____

ADDRESS: _____

ADDITIONAL RESPONSE TO QUESTION _____

APPLICABLE TO: COUNCILLOR ____ CANDIDATE ____ SPOUSE ____
DEPENDANT CHILD _____

PERSON, ENTITY OR ORGANIZATION _____

ADDRESS: _____

[IF MORE SHEETS ARE NEEDED, DUPLICATE THIS PAGE]

INDIANAPOLIS CITY-COUNTY COUNCIL ETHICS DISCLOSURE STATEMENT

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ALL QUESTIONS MUST BE ANSWERED COMPLETELY AND LEGIBLY

1. a. Your Name: Melissa Thompson

b. Your Residence:
5335 Norwold Ave.
Indpls. IN 46220

c. Your Business Address:
200 E. Washington St. Rm 241
Indpls. IN 46204

2. a. Did You Receive Compensation From Any Employers in the Prior Year?
YES ☒ NO ☐

If Yes, the Name and Address of all Such Employers

Employer's Name: City-County Council

Employer's Address: 200 E. Washington St. Rm 241
Indpls. IN 46220

[IF YOU HAD MORE THAN ONE EMPLOYER, USE ADDITIONAL SHEETS]

b. Were You Self-Employed?
YES ☐ NO ☒

If Yes, the Nature of Such Business and the Name Under Which Conducted:

Nature of the Business: _____

Name under Which Such Business was Conducted: _____

3. **a. During the Prior Calendar Year, Did Your Spouse Receive Compensation in excess of \$5000.00 from an Employer?**

YES ___ NO ___

If Yes, the Name and Address of Such Employer

Employer's Name: _____

Employer's Address: _____

[IF YOUR SPOUSE WAS PAID \$5000.00 BY ADDITIONAL EMPLOYERS USE ADDITIONAL SHEETS]

- b. During the Prior Calendar Year, Did Any of Your Dependant Children Receive Compensation in Excess of \$5000.00 from an Employer?**

YES ___ NO ___

If Yes, the Name and Address of Such Employer

Name of Dependant Child _____

Employer's Name _____

Employer's Address _____

[IF YOUR DEPENDANT CHILDREN HAD OTHER EMPLOYERS WHO PAID THEM OVER \$5000.00 USE ADDITIONAL SHEETS]

4. Did You, Your Spouse or any of Your Dependant Children Either
(i) Serve as an Officer of,
(ii) Own an Equity Interest or Interest in the Earnings or Profits that Individually or in the Aggregate Exceeds 10%, in, or
(iii) Directly or Indirectly Receive Compensation, in Aggregate in Excess of \$5000.00 During the Past Year, from
Any Business that did Business with or Solicited Business with the City or County?

YES ___ NO X

N/A

If Yes, the Name and Addresses of Such Business Entities

Entity's Name:

Entity's Address:

[IF YOU, YOUR SPOUSE OR DEPENDANT CHILDREN HAD OTHER ENTITIES THAT MUST BE DISCLOSED ATTACH ADDITIONAL SHEETS]

5. Did You, Your Spouse, or any Dependant Child Serve as an Officer or Board Member of any Organization that Received or Applied for Funding from the City or County?

YES ___ NO X

N/A

If Yes, The Name and Address of such Organization or Organizations:

Person Serving: Councillor: ___ Spouse ___ Dependant Child _____

Name of Organization:

Address of Organization:

[IF YOU, YOUR SPOUSE OR DEPENDANT CHILDREN HAD POSITIONS IN OTHER ORGANIZATIONS THAT MUST BE DISCLOSED ATTACH ADDITIONAL SHEETS]

- YES _____ NO X

This image shows a single sheet of white paper with horizontal blue or grey ruling lines. The lines are evenly spaced and run across the width of the page. There are approximately 20 lines visible. The paper has a slightly textured appearance and is set against a dark background.

- If the Space Provided on this Form is Inadequate, Additional Sheets may be used to Provide the Additional Information. **Are You Attaching Additional Sheets?**

YES _____ NO X

If Yes, How May Additional Sheets be Attached? _____

Melissa Thompson
COUNCILLOR

6-23-09
DATE

4

**INDIANAPOLIS CITY-COUNTY COUNCIL
ETHICS DISCLOSURE STATEMENT**

ADDITIONAL SHEET ____ OF ____.

ADDITIONAL RESPONSE TO QUESTION _____

APPLICABLE TO: COUNCILLOR ____ CANDIDATE ____ SPOUSE ____
DEPENDANT CHILD _____

PERSON, ENTITY OR ORGANIZATION _____

ADDRESS: _____

ADDITIONAL RESPONSE TO QUESTION _____

APPLICABLE TO: COUNCILLOR ____ CANDIDATE ____ SPOUSE ____
DEPENDANT CHILD _____

PERSON, ENTITY OR ORGANIZATION _____

ADDRESS: _____

ADDITIONAL RESPONSE TO QUESTION _____

APPLICABLE TO: COUNCILLOR ____ CANDIDATE ____ SPOUSE ____
DEPENDANT CHILD _____

PERSON, ENTITY OR ORGANIZATION _____

ADDRESS: _____

[IF MORE SHEETS ARE NEEDED, DUPLICATE THIS PAGE]

INDIANAPOLIS CITY-COUNTY COUNCIL ETHICS DISCLOSURE STATEMENT

Sec. 151-1123 of the Revised Code of the Consolidated City and County requires all Councillors and any declared candidate for City-County Council to file this statement. For the year 2009, the statement is due July 1, 2009. Thereafter, the statement is due February 1 or within 30 days of taking office. Candidates are required to file before or at the same time as filing a candidate's declaration or petition.

Failure to file this form in a timely manner may subject the Councillor or candidate to sanctions by the Ethics Committee of the City-County Council.

ALL QUESTIONS MUST BE ANSWERED COMPLETELY AND LEGIBLY

1. a. Your Name: Angela Gonzalez
b. Your Residence: 116 S. Audubon Rd. #4, Indianapolis, IN 46219
c. Your Business Address: 200 E. Washington St., Rm. 241T
Indianapolis, IN 46204
2. a. Did You Receive Compensation From Any Employers in the Prior Year?
YES ☒ NO ☐

If Yes, the Name and Address of all Such Employers

Employer's Name: City-County Council (City of Indianapolis)

Employer's Address: 200 E Washington St. Rm. 241T
Indianapolis, IN 46204

[IF YOU HAD MORE THAN ONE EMPLOYER, USE ADDITIONAL SHEETS]

- b. Were You Self-Employed?
YES ☐ NO ☒

If Yes, the Nature of Such Business and the Name Under Which Conducted:

Nature of the Business: _____

Name under Which Such Business was Conducted: _____

3. a. During the Prior Calendar Year, Did Your Spouse Receive Compensation in excess of \$5000.00 from an Employer?
YES ☒ NO ☐

If Yes, the Name and Address of Such Employer

Employer's Name: Concrete Contractors, Inc.

Employer's Address: 295 S. Muessing
Indianapolis, IN 46229

[IF YOUR SPOUSE WAS PAID \$5000.00 BY ADDITIONAL EMPLOYERS USE ADDITIONAL SHEETS]

- b. During the Prior Calendar Year, Did Any of Your Dependant Children Receive Compensation in Excess of \$5000.00 from an Employer?
YES ☐ NO ☒

If Yes, the Name and Address of Such Employer

Name of Dependant Child _____

Employer's Name _____

Employer's Address _____

[IF YOUR DEPENDANT CHILDREN HAD OTHER EMPLOYERS WHO PAID THEM OVER \$5000.00 USE ADDITIONAL SHEETS]

4. Did You, Your Spouse or any of Your Dependant Children Either
(i) Serve as an Officer of,
(ii) Own an Equity Interest or Interest in the Earnings or Profits that Individually or in the Aggregate Exceeds 10%, in, or
(iii) Directly or Indirectly Receive Compensation, in Aggregate in Excess of \$5000.00 During the Past Year, from
Any Business that did Business with or Solicited Business with the City or County?

YES ___ NO X

If Yes, the Name and Addresses of Such Business Entities

Entity's Name:

Entity's Address:

[IF YOU, YOUR SPOUSE OR DEPENDANT CHILDREN HAD OTHER ENTITIES THAT MUST BE DISCLOSED ATTACH ADDITIONAL SHEETS]

5. Did You, Your Spouse, or any Dependant Child Serve as an Officer or Board Member of any Organization that Received or Applied for Funding from the City or County?

YES ___ NO X

If Yes, The Name and Address of such Organization or Organizations:

Person Serving: Councillor: ___ Spouse ___ Dependant Child _____

Name of Organization:

Address of Organization:

[IF YOU, YOUR SPOUSE OR DEPENDANT CHILDREN HAD POSITIONS IN OTHER ORGANIZATIONS THAT MUST BE DISCLOSED ATTACH ADDITIONAL SHEETS]

6. *Except for Campaign Donations , Subject to IC 3-9-2 and Reported in Accordance with Law or Gifts from Persons Including Family Members with whom you have an On-Going Social Relationship not Related to Service on the Council Which are not Subject to Reporting on this form, did you Receive any Gifts, or Other Items, Valued Over \$100, or in the Aggregate over \$250, in the Prior Year From Any Person or Firm that does Business with or Seeks to do Business with the City or County or which Seeks to Influence Council Action?*
YES ☒ NO ☐

If Yes, List the Names of Such Persons or Firms:

My ministry clown troupe has received donations from area
Indianapolis-Marion County Library branches for performing at
library events (in aggregate, not more than \$400)

7. I ACKNOWLEDGE THAT IF ANY ITEMS REPORTED IN ITEMS 1 THROUGH 4 ABOVE CHANGE DURING THE YEAR I WILL UPDATE SUCH INFORMATION WITHIN 45 DAYS OF THE CHANGE.

If the Space Provided on this Form is Inadequate, Additional Sheets may be used to Provide the Additional Information. Are You Attaching Additional Sheets?

YES ☐ NO ☒

If Yes, How May Additional Sheets are Attached? _____

I AFFIRM UNDER PENALTIES FOR PERJURY THAT MY STATEMENTS ARE TRUE AND ACCURATE TO THE BEST OF MY KNOWLEDGE.

Angela Gonzalez
COUNCILOR Assistant Clerk

6-5-09
DATE

SIGN, DATE AND RETURN TO: CLERK OF THE COUNCIL, 241 CITY-COUNTY BUILDING, INDIANAPOLIS, INDIANA, 46204.